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THE CANADIAN NURSE

Canadian Nurses Association General Meeting
June 22-26, 1942
Montreal, Que.

Lenten Roses

Photograph made by: Kathleen I. Sanderson, Reg. N.
See Page 224

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1937. U. S. Dept. Agr. Farmers Bul. 1253.
1937. Univ. Illinois Agr. Expt. Sta. and Extension Service in Agr. and Home Econ. Circular 472.
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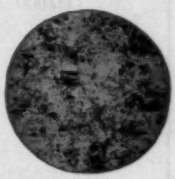

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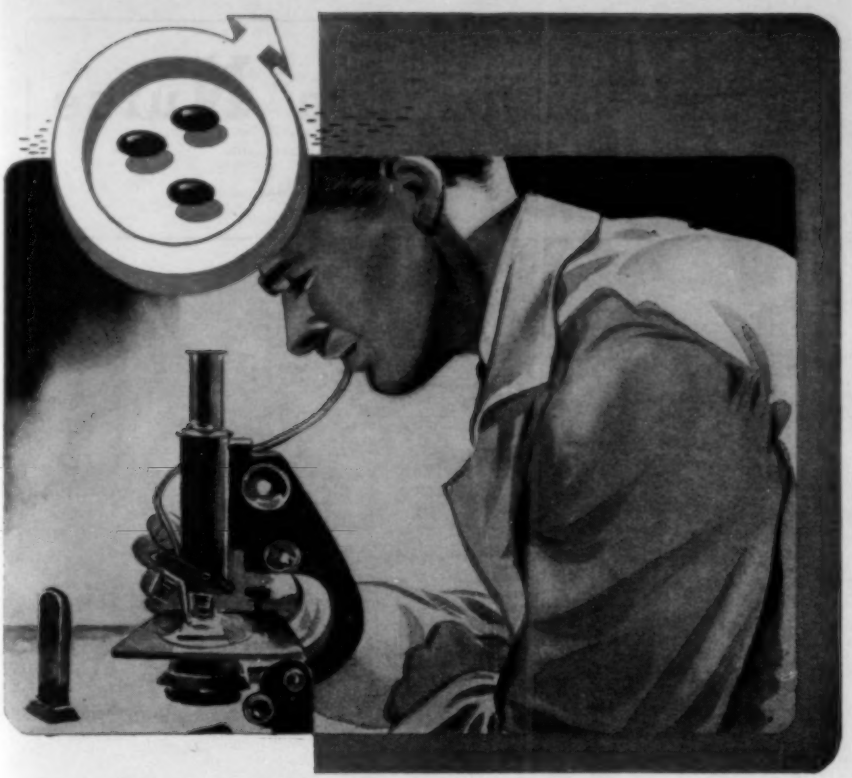

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Reader's Guide

In this issue, considerable space is devoted to the **General Meeting** of the Canadian Nurses Association. The official programme appears under the caption of *Notes from the National Office* and is, in itself, convincing evidence that you ought to come to Montreal in June. If, however, you stand in need of further persuasion you will find it in the leading article which suggests that there is a job to be done and that we all ought to lend a hand.

Military censorship being what it is, news from abroad is hard to come by. Nevertheless, thanks to several of our kind correspondents, **Overseas Mail** does give some inkling of how things are going. If you have any private letters which might be shared with our readers we should be very grateful if you would send them on to us.

Nothing could be more practical than the suggestions given us by **Dr. Robert Jones** concerning the application of psychiatric principles in nursing practice. The vivid case histories serve to illustrate a most enlightening and stimulating discussion. Dr. Jones is the head of the psychiatric department of Dalhousie University, Halifax, N.S.

Once more we acknowledge our debt to the staff nurses group at the Toronto General Hospital. Through the good offices of the indefatigable convener, Miss Mary Macfarland, we obtained the excellent article on fractures written by **Marion Ward** and **Evelyn Robson**. Mrs. Ward is head nurse in the ward for workmen's compensation patients and Miss Robson is a surgical supervisor. The illustrations were made from photographs furnished through the courtesy of the official hospital photographer.

A private nurse knows better than anyone else how heart-breaking it is to lose the fight for a patient's life. Yet it is worthwhile to carry on until the very end for one can never be sure that the battle is lost. In this issue, two private nurses give a vivid picture of an effort doomed to failure but nevertheless worthwhile. They are **K. Magee** and **M. Beacock** and they practise their profession in Regina, Saskatchewan.

A strong plea for a better understanding on the part of teachers and nurses, of the functions that each group is trying to fulfil, is made by **Edith M. McDowell** who is a health teacher in the Provincial Normal Schools in Winnipeg. Miss McDowell has previously established an enviable reputation in the field of nursing education and is keenly aware of the importance of co-ordinated effort.

In recent years there has been a tendency, in educational circles, to decry the apprenticeship system and other forms of learning by doing. Fortunately, the tide seems to be turning and the value of vital experience as a factor in learning is once more receiving the attention it deserves. **Marion Myers** writes of the unique resources which are at our disposal if only we are alert enough to recognize them and to turn them to practical use in the teaching of nurses. Miss Myers is instructor of nurses in the School of Nursing of the Saint John General Hospital.

Two years ago, at Easter, the cover of the *Journal* carried a picture of wild cherry blossom. Our readers were so delighted with it that we decided to follow the precedent thus established, so last Easter we offered a spray of Annunciation lilies. These exquisite photographic studies were both made by Lillian Wooding, a Victorian Order Nurse. This Easter, the artist is **Kathleen I. Sanderson**, honorary secretary of the Canadian Nurses Association. Already we have a beautiful flower picture in reserve for next Easter.

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The
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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-EIGHT NUMBER FOUR

APRIL, 1942

Sharing the Task

The programme for the forthcoming General Meeting of the Canadian Nurses Association appears in this issue of the *Journal* under the caption of *Notes from the National Office*. Read it over carefully and see what you think of it. Our prediction is that you will forthwith decide to come to Montreal in June and to take an active part in what promises to be one of the most important meetings the Association has ever held.

The success of a meeting of this kind depends upon several factors. First of all, there must be a definite conviction of the need of our coming together and a clear understanding of what we hope to accomplish by doing so. Then there must be a selective process which places emphasis where it belongs and makes sure that the content of the programme is balanced accordingly. Last but not least, there must be inspired and dynamic leadership.

With these criteria in mind look at the programme again. There can certainly be no doubt that our need for taking counsel with one another has been kept in mind. For the past two years it has been necessary to hold emergency executive meetings in widely separated parts of the country because events moved so swiftly that action could not be postponed. The issues at stake were so important that key nurses, other than those who are members of the executive committee, were called upon to help in dealing with them wisely. Now the time has come when every nurse in Canada must take her full share of responsibility for these and other decisions which may have a far-reaching effect upon the future of the nursing profession in Canada.

This statement particularly applies to the younger nurses who are now coming into prominence in the nine provincial associations. Promotion is rapid these days and it will not be long before they are in the front ranks. There

could be no better introduction to the national and international aspects of nursing than will be afforded by the meeting in Montreal. Look at the names of those who are to speak to us. The High Commissioner for the United Kingdom, the Right Honourable Malcolm MacDonald, will have much to say that will broaden our conception of the Commonwealth of Nations. The indomitable president of the International Council of Nurses, Miss Effie Taylor, will tell us of the gallant struggle which is being made to keep the nurses of the world in touch with one another in spite of war. Those who have not heard Julia Stimson, president of the American Nurses Association, give one of her straight from the shoulder talks have something to look forward to. Now let us look nearer home. A whole session will be devoted to a discussion of how we may safeguard nursing and, under the dynamic leadership of Miss Marion Lindeburgh, this will surely be a most inspiring occasion. Miss Kathleen Ellis is to give a progress report of her activities as emergency nursing adviser; and Miss Kathleen Russell will interpret the significance of the joint conference which took place, during the winter, between representatives of departments of nursing in universities and the members of the Executive Committee of the Canadian Nurses Association.

Other important questions will come up for discussion which, while national in scope, are also directly related to the affairs of the provincial Associations of Registered Nurses. Unity of purpose can best be achieved by a free and friendly debate in which the voice of every Province makes itself heard. This is no time to count pennies. Every Association should send good representatives, and plenty of them.

—E. J.

The Red Cross Chooses a Consultant

The vast enterprises carried on by the Canadian Red Cross Society touch nursing at so many points that even to name them is to demonstrate how close the relationship is between the Society and the Canadian Nurses Association. The principal link is the joint enrolment plan whereby nurses are enlisted for emergency and war service. Then there are the outpost hospitals and other nursing services maintained and directed by the Society and, in the public health field, the preventive and educational work of the Junior Red Cross.

In view of these complex inter-relationships, it has been the policy of the Society to appoint an outstanding nurse to serve as a consultant. Until her untimely death, Jean Isabel Gunn rendered magnificent service in this capacity and it is a profound satisfaction to learn that the Society has now invited Miss Kathleen Russell, director of the School of Nursing, University of Toronto, to assume this heavy responsibility. A better choice could not have been made. Miss Russell possesses all the qualifications which are required in an interpreter of the aims and ideals of both groups and that she will receive their loyal support goes without saying. She carries with her to her new task the admiration, respect and confidence of the nurses of Canada.

Psychiatric Principles in Nursing Practice

ROBERT O. JONES, M.D.

The intelligent nurse is now an absolute necessity to the practice of medicine in any of its branches. In other words, nursing has developed to the status of a profession, and as such, its needs must be considered as part of the great problem of health education. With the attainment of this position, it behooves the nursing profession to prepare themselves for rendering complete health care to the patient and this can only be done by following the other branches of medicine in the recognition of the fact that our function is treating people and not isolated disease entities. It is necessary for the nurse to become "behaviour conscious" and to have an awareness of the fact that the patient cannot be separated from his disease or his situational setting.

The word health must take on a larger meaning, including not only physiologic functioning, but intelligence capacities, emotional attitudes, family relationships, habit training, and social organization. The nurse must learn to regard the activities of human beings as behaviour, to be interpreted, planned for and treated, instead of conduct to be judged according to tradition and precedent and other criteria based on arbitrary standards. Some people are instinctively endowed with ability to see that which is not obvious in the life of patients; some can acquire this ability with training in the behavioristic sciences of psychiatry, psychology and sociology; and some can never become conscious of these facts whatever training they may receive.

What are the facts that these sciences offer as aid in nurses work? It is essential to insist that the things which we are to talk about apply just as much to each of us as they do to patients. The reactions which go to abnormal lengths in patients are present to a lesser degree in us all. They may go to abnormal lengths in any of us and, unless they are recognized and dealt with, can hinder effectual work with patients. With increasingly rigid restrictions of entrance to nursing schools, and probation periods, much poor material is weeded out. But, unfortunately, attention is focused on school marks or a clergyman's recommendation of moral character, with little attention being paid to the candidate's habitual emotional reactions to the discouragements and fatigues of daily life or whether she is the sort of personality that dissolves like a pricked balloon under pressure. Psychiatry would urge the study of personal prejudices, attitudes, and values, so that these will not interfere with productive aid to patients. Emphasis should be placed on the most recent advance of worker-patient relationship: that the patient is a collaborator in treatment and not a passive agent.

The first thing that we should be aware of is that each individual is a law unto himself. Men are not created equal but differ in three essential aspects of personality make-up — the intellectual, the biological and the temperamental. To estimate these capacities, we have tests of science and tests of life, and the latter are amazingly informative if we do but heed them. Psychology has given us the intelligence test which has shown us that 25 percent of school children are mentally retarded and will never be able to get beyond the fourth, fifth, or sixth grade, no matter how well they are taught; that ten percent more are dull

normals with mentalities ranging from 12, 13, 14 years. They also are not high school material. If these children are followed out into life, they are usually found to be just below the poverty line, even in times of prosperity. They cannot be skilled laborers. If forced into any line of work, or subjected to the strain of family responsibilities, they sink deeper into the rut of poverty, poor health, delinquency, nerves.

Our biological endowments are also unlike. Some of us are built more sturdily than others, the so-called pyknic habitus. Others are of frail slender asthenic build. Some seem to be put together the wrong way from the standpoint of sensitivity and hyper-irritability. This group are apt to show the so-called neurotic trait — prolonged enuresis, stuttering, easy vomiting, asthma, spastic colon. They are reacting with a variety of symptoms to stresses and strains. Temperament is perhaps the phase of personality make-up that shows the greatest variation. In general, the psychologist divides people into introverts or the ingrowing, and extroverts or the outgoing. It is in the estimation of temperamental stamina that the test of life is of the most importance. We find that the ingrowing persons — the shy, sensitive, reticent, stand-offish — are more apt to react to life's difficulties with bends or breaks.

Science can do nothing to change intellectual endowment, little to aid physical and temperamental endowment, but one can at least teach the victim and his environment to understand his limitations. He can be taught how to live with these limitations without shame and energy-exhausting strivings, and the educational and vocational processes may be directed in keeping with what he is capable of doing. A great deal of misery and poor mental health could be averted if we could teach human beings to be content to live within their capacities. It is good psychology to teach people to take responsibility, but it is asking for trouble to load responsibilities on them without first making sure that they have the endowments to carry them.

Another extremely important contribution of the behavioristic sciences to our understanding of human beings and human nature is the development of a working concept of body and mind relationships. A human being functions as a whole, and not in segments of mind and body. Every state of mind affects every cell of the body. If one is discontented, unhappy, fed up, depressed, one's physiology registers these emotional states. Nutrition declines, metabolism slows up, gastric secretion diminishes, gastrointestinal motility is slowed, menses become irregular or may cease. With opposite states of mind, such as elation and excitement, the opposite changes occur. It is conservatively estimated that 40 percent of the men and women who complain of poor health have no abnormal physical findings associated with their complaints. We call them psychoneurotics. To tell these patients there is nothing wrong with them is false. Their complaints are just as real as if there were actual lesional pathology. Progressive medicine recognizes that these patients are unconsciously making their bodies the scapegoats of all sorts of worries and strains — economic, domestic and marital conflicts. Consequently, we spend a great deal of time trying to understand and help them.

If we are to interpret health as a matter of happiness and success, we must achieve an understanding of our own personal problems so that they may not block the path to insight into the patient's difficulties. It is necessary frankly to recognize that emotions are the dy-

namos of human behaviour, not intellect and so-called brains. Emotions, impulses, instincts hold the deciding vote in most situations. It is difficult to be honest and to admit that most of the things we do are what we want to do, and not because there are good rational reasons for doing them. It is conservatively estimated that 70 percent of so-called "nerves", ranging from general nervousness to full-fledged insanities, represent the accumulation of poor methods of meeting strains throughout individual life.

The position of the nurse in dealing with this sort of illness is of particular importance. She is with the patient day after day and upon her tact, judgment, and patience the patient's response to treatment may well depend. To you he looks for encouragement and confidence. Through your eyes, he views the hospital and treatment situation, and discusses many intimate matters that he cannot get his own consent to bring to the attention of his physician. Upon your attitude and outlook on life he patterns his point of view. These problems are not part of psychiatry *per se*, but enter into the relationship with every patient treated, be it only a simple fracture. Too often such an injury brings serious personal problems to the patient, who does not receive adequate treatment unless these are recognized and dealt with.

In what ways are people apt to meet the difficulties that are encountered throughout life? The commonest reaction is that of down-heartedness and discontent with the job and living situation, and the desire to pitch both and do something else. This reaction varies all the way from doldrums of fatigue, headache, and irritability to varying degrees of frank depression to the point of actual psychosis with inability to sleep, loss of weight and appetite, and suicidal pre-occupations. Another common reaction to strain is the development of worry over bodily sensations of discomfort which in reality represent physiological protests of emotional states, but are associated with fears of disease in the patient's mind. Medical assurance that we are physically alright does not help much — the indigestion, heartburn, spastic colon, and palpitations continue. Often, there are attacks of smothering with fears of impending death, the common anxiety attacks are added, and then fears of cancer, tuberculosis, syphilis, and what not. The individual drifts into a ritual of diets and rest periods, and heroic self-medication.

Another common reaction is the accentuation of sensitiveness to the point of feeling that all criticism and advice and counsel represent deliberate nagging and perhaps plotting to be rid of the person or have him off the job. He retires more and more into himself, stays away from friends, and does not go out to social and recreational functions. Soon every remark and action is misinterpreted as a part of a concerted attempt to follow or spy. This type of reaction is the most dangerous of all because the victim never gets on a talking basis about his difficulties. The first suspicion of the onlookers that all is not well is when he does some utterly bizarre act, says that the food is poisoned, or hears imaginary voices. Then we diagnose insanity and are tempted to believe that that is the practice of psychiatry.

A fourth type of reaction to the strains of life is taking refuge in drugs of which alcohol is the commonest. Formerly one believed that the alcoholic was a person whose tissues had a physiological craving for alcohol. At Bellevue Hospital, which I should think is the greatest testing ground in the world for alcoholics, it has been shown that in

the 5000 drug and alcoholic addicts studied, except for 10 percent whose addiction was induced by unwise medical therapy, the remaining 90 percent used drugs and alcohol as a poor refuge from meeting their own difficulties.

I should like to briefly illustrate some of these situations by cases which have been seen in the Psychiatric Department of Dalhousie University. A woman aged 36 years complained of indigestion, nausea, and vomiting. Previous attacks have been thoroughly investigated by all possible methods and no lesion has ever been found. On closer attention to the history, it is found that this attack, as well as all previous ones, came directly after the birth of her child — this one is her eighth. The first three pregnancies caused no difficulty. As well as the complaints mentioned, she was sad all the time, cried a good deal, felt slowed up in all her work, did not dare look at the future she felt so hopeless and found nothing that she could enjoy. In her own words she said — "Doctor, I don't know what is the matter but I'm sick all over". This is an excellent description of a depressive state, the original complaints being merely the most troublesome features in the sweeping disorder or perhaps the only ones which would receive attention by the medical profession. The reason for her depressive reaction became apparent when one knew what personal meaning pregnancy had for her. She had married because she was illegitimately pregnant and, since then, had one baby after the other. With each there was mounting resentment against her husband, who she vaguely felt responsible for the whole situation and coals were heaped on the fire when he refused to give his consent to any contraceptive measures. Trapped with nothing to do but go on having children as long as fertility lasted, the depressive reactions following pregnancy represent the only way of expressing her disgust and resentment. Treatment consists in ventilating these ideas through discussion, giving reassurance and encouragement and attempting to make a better life adjustment when the illness has passed.

Another woman, aged thirty-eight, had vague pelvic complaints for which one physician advises an operation while a second refuses such treatment. She is mildly depressed, sleeping poorly, has no pep and terribly irritable and jumpy. After a short talk it became apparent that there is sufficient economic stress and marital disharmony to cause symptoms, but the urgent problem is not unearthed until she is given an opportunity to express frankly what she thinks is causing her illness. She immediately replies "Of course I know I have cancer" — and goes on to say that when physicians disagree, and will tell you nothing about the sickness, everyone knows that this means the patient has cancer and she is quite certain she will die in the immediate future. Relief is obtained by explaining the true dilemma in which medicine finds itself when physical findings are not clear and gaining her co-operation to work along more constructive lines.

A man, aged forty-two, has outbursts of temper in which he throws things. He complains that he cannot work because as soon as he goes into a public place he feels that his bowels will move and he does not dare to stay. It develops that he has had a frank syphilitic psychosis of the G.P.I. variety that has been adequately treated with malaria and that, while he still has intellectual defects left, there is nothing to explain the present behaviour. However, he soon pours forth his remorse and shame at his illness and his feelings that everyone

knows of it and talks of it. This is what gives him anxiety in public places and leads to the feeling of diarrhoea. The situation is intensified by his wife's severe attitude concerning the illness and her misconceptions concerning infectiousness and consequent danger to the children. By interviewing her, many of her fears were set at rest, the man was able to see the way in which his own fears had affected him and is now able to attend shows, go to church, and above all, has obtained part-time work.

Now here is the material that modern psychiatry feels it should treat. These are emphatically not crazy people, and none of them would ever be candidates for asylums but present everyday medical complaints. This is material that concerns human health and human welfare and constitutes this chaotic world in which we are struggling to live. Can we say that wrestling with it is the job of the ministry, the teacher, the social worker, the parents, and not the business of nurse and doctor?

The psychiatric implications of general nursing practice are not the nursing care of psychiatric illnesses, such as delirium or depressions, for this constitutes specialized psychiatric nursing. The nurse doing general duty should realize that patients are human beings with complaints, feelings, fears, happiness, success, and failures, hopes and dreads for the future, and not merely collections of hearts, lungs, and kidneys, where a few bugs are temporarily lodged. Psychiatry recognizes the importance of physical disease and urges the best treatment, but in such treatment the patient who has the disease must not be excluded. With the recognition of this fact, the function of the psychiatrist changes from a person interested only in crazy people to one who is equipped to help those who are having difficulties in adjusting to life situations.

Nursing Care of Fractures

MARION WARD *and* EVELYN ROBSON

In any hospital, be it large or small, there are always a number of fracture cases. Our anatomy is made up of 200 bones of various shapes and sizes, any of which may be fractured at any time should injury occur. Motor accidents, industrial accidents, sports (especially winter ones) contribute largely towards the increasing number of fractures sustained in our present-day, fast-moving world. On page 49 of the *Red Cross Manual*, "Emergencies in War", the transportation of fractures is dealt with very helpfully, so attention will be confined to treatment following admission to hospital.

When the injury occurs to some extremity, whereby reduction of the fracture, followed simply by application of a plaster cast, allows the patient to be up and about, the nursing problem is an easy one. Even in cases in which open reduction has to be performed and the patient is still free to move about in bed, the nursing care can be confined to following conscientiously these basic rules. First, be sure that the circulation of fingers and toes is satisfactory at all times. Excess plaster should be washed off the skin on return from the operating theatre. Blueness, swelling, pallor and coldness are definite symp-

toms that something is wrong. An easy test is that of pressure on toe or finger and if, when that pressure is released, the colour is slow to return, we may be sure of interference in circulation. There should be no time lost in reporting this condition. If not, there is danger of paralysis which may even prove permanent. Secondly, a nurse must be constantly alert for signs of pressure under casts or at the edges where a rough surface may soon cause trouble to a tender skin. Realizing the value of prevention, a wise nurse at once protects the part by binding the rough edges with oil silk or adhesive. Thirdly, it is essential that the nurse do her utmost to keep casts clean, dry and efficient. Lastly, the danger of foot-drop must be recognized and guarded against in all fractures of the lower extremities. Support may easily be provided by simple means: a box, a board, a bolster, or even a hard pillow against the foot of the bed.

Fracture of cervical spine with calipers and extension.

Courtesy of Dr. R. I. Harris

Special nursing care is necessary with fractured femora and fractured spines although, in the former, present-day surgery has advanced so far that the nurses' task is lighter than it was some years ago. One great advance in treating this type of fracture is the Smith-Petersen pin. When this method is used, the patient does not require a plaster cast, and in a short time, is allowed to move freely in bed. Consequently, there is little danger of pressure sores and not much discomfort. The period of confinement to bed is not long, a matter of relief to all concerned especially if the patient be elderly.

In a case of fractured femur where dislocation has occurred and extension is required to bring about the desired position of the parts, the use of the Kirschner wire and caliper splint in conjunction with weights and the Balkan Frame overhead, provides a fairly comfortable position for the patient and still affords the nurse opportunity to keep the patient's skin in good condition without any great anxiety. Later, when by use of x-rays (and here the portable x-ray machine is indispensable) the doctor decides the position is a satisfactory one, the patient may be put in plaster to maintain that position. Once more we can still avoid pressure sores by turning the patient on his or her face for an hour or so at least twice daily. Here two things must be kept in mind. When turning the patient, first move him over to the edge of the bed on the affected side, and then gently roll him over with the injured leg in cast uppermost, thus making sure no pressure is made on the site of fracture. Two attendants are necessary to do this properly. A pillow may be placed under the chest, or otherwise adjusted, to make his position fairly comfortable. In time, most

patients come to look for this change and find it restful. Always make sure that the foot and toes are not overlooked. Either the foot may project over the edge of the bed, or be supported and kept from pressure by placing a small pillow or a pad under the dorsum of the foot.

One problem presents itself with this type of cast, especially when the patient is an elderly female. When bed-pans are used at time of urination, there is danger of the casts becoming wet. In our hospital we are experimenting with female urinals. They are similar to male urinals but the opening differs in shape. They seem to serve their purpose well and, since their introduction, the number of wet casts is appreciably less.

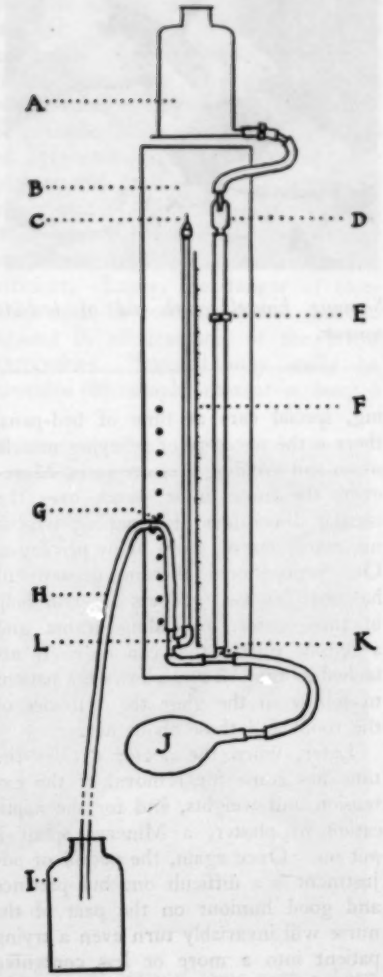
With fractured spines, we find the need of most careful nursing, especially in cases where cord lesion has occurred, and paralysis is present, either partial or complete. Let us take, for instance, fractures of the cervical spine with paralysis of the upper extremities. If dislocation has occurred, we resort again to the use of calipers and weights to give the pull necessary to correct the position of the injured vertebrae. That pull must be maintained until change in neurological signs, and x-rays confirm the fact that the correct position has been obtained. During this period, the patient must lie comparatively still with calipers grasping the outer table of the skull, with no pillow, or at best a very small one, and care must be taken that the pull be kept equal and steady. If the pull is adequate and the dislocation satisfactorily reduced, the patient may be nursed on back, face or either side.

There is much for the nurse to consider in order to help the patient during the inevitable long period of waiting. As well as ministering to the physical well-being, which includes feeding, bathing, special care at time of bed-pans, there is the necessity of relieving muscle strain and avoiding pressure sores. Moreover, the nurse must watch over the mental discomfort of a patient who is necessarily cut off from many privileges. Our occupational therapy department has provided two gadgets of great help in these cases: a reading frame and a bedside mirror that can be easily attached to the bed and allows the patient to follow in the glass the activities of the room and those about her.

Shaving himself with aid of bedside mirror.

Later, when the doctor decides the time has come for removal of the extension and weights, and for the application of plaster, a Minerva splint is put on. Once again, the period of adjustment is a difficult one but patience and good humour on the part of the nurse will invariably turn even a trying patient into a more or less contented one when the fact is realized that recovery is in sight. Such results were almost a dream, not so many years ago,

Type of tidal irrigator which is now in use in the Toronto General Hospital and is described in the accompanying text.



before the introduction of Kirschner wire and caliper splints.

One step further brings us to the hardest cases our nurses are asked to care for—fractured spines in which the cord injury is so complete that recovery is very remote, and in most cases impossible. True, in some cases laminectomy has been performed, pressure relieved, and partial recovery has taken place. But those cases are rare, and generally the nurse's chief duty is to make the patient as comfortable as possible, both physically and mentally, knowing at the same time that nothing more can be hoped for.

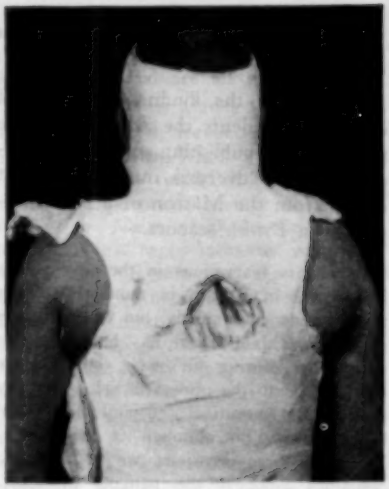
In such cases, where control both of bladder and bowels is absent, the discomfort and helplessness of the patient call for exceptional nursing care. Keeping the patient clean and dry is the chief consideration. An enema every second day helps to control one problem, but the bladder condition is harder to deal with. The old treatment was to install a permanent catheter and irrigate daily. The new treatment calls for the installation of a catheter and the use of a tidal irrigator.

The illustration shows a drawing of the latest model of tidal irrigator in use in this hospital. Dr. McKenzie, of our Neurological Department, has kindly allowed us to use this photograph for which the drawing was done by Dr. McCormick, who with Dr. Scott, contributed the description of the tidal irrigator that follows: The tidal irrigator is a device used to reduce infection in a paralyzed bladder and assist it to regain its normal tone if this is possible. It consists essentially of a board on which the irrigating apparatus is mounted and four tubes, (1) a catheter; (2) an input tube from the reservoir; (3) a siphon tube; (4) an air vent. In addition there is required a high stand on which to hang the board. There are

many forms of the device, but a very simple and satisfactory type is shown in the accompanying illustration. The various parts may be identified as follows: (A) container of irrigating fluid; (B) board on which irrigator is mounted; (C) hypodermic needle; (D) dripper; (E) metal stop-cock; (F) scale marked on board; (G) hook for adjusting level of siphon pressure; (H) rubber drainage siphon tube; (I) drainage bottle; (J) representing urinary bladder with indwelling catheter; (K & L) glass T-tubes.

In actual practice, the lower margin of the board is set three to four inches above the level of the symphysis pubis and, by means of a cystometrogram, the level of *G* is established. The irrigating fluid from *A* is allowed to flow and regulated at 40 to 60 drops a minute by the stop-cock *E*. It then passes through the T-tube *K* to the bladder *J* by the catheter. The pressure in the bladder gradually increases until it causes a back flow of the fluid which eventually reaches the level of *G*, through the T-tube *L*. When this level is reached, a siphon is established through the drainage tube *H* to the bottle *I*. Because the opening at *C* is so small, as compared with the large bore system to the bladder, the bladder is completely drained before the siphon is broken by the column of air sucked in from *C* through *L* to *G* and the drainage system. When the siphon is broken, the cycle is repeated.

With the rate of flow regulated at 40 to 60 drops per minute, the bladder should be emptied automatically at least every three hours. The apparatus should, if possible, be kept running continuously day and night. When it is necessary to turn a patient, it is best to disconnect the catheter from the irrigator, having first put clamps on the catheter and on the tube leading to the irrigator. This prevents air entering the irrigator, and also from spilling solution on the bed. After the patient has been turned, the irrigator should be connected to the catheter immediately and both clamps removed. The commonest source of trouble is a blocking of the catheter. When this occurs the siphon overflows every two or three minutes, but only flows for a few seconds. Another common source of trouble is a blocking of the air vent. If this happens, the siphon continues to drip at the same rate as the input and the irrigator loses its effectiveness.



Back view of Minerva splint.
Courtesy of Dr. R. I. Harris

Although this article may not include every type of fracture, it has been my endeavour to deal chiefly with those most commonly treated in general hospitals, and to present the nursing care which, above all, from the patient's point of view is so important in securing good results. We have also had in mind the feeling of work well done which is such a profound satisfaction to the nurse herself.

Overseas Mail

Thanks to the kindness of some of our correspondents the *Journal* has the privilege of publishing interesting excerpts from "overseas mail". The first comes from the Matron of a large hospital in a British seaport:

Canada is marvellous in the way she is helping us in Britain in numberless ways and it is done so quietly, but oh! it means so much. This hospital has had its share of damage during air raids, but we are carrying on to the utmost in spite of many scars. Our beautiful hospital has been badly damaged but although we were directly hit on three occasions, we sustained no casualties amongst the patients or staff. The building is very strongly built and during a raid, the patients are always taken into the corridors. Had they been in the wards, they must surely all have been killed. We must always be ready to face whatever comes and do our best for those who are sent to us to care for.

This letter comes from the director of a famous British visiting nursing association:

I would like to assure you that we are by no means hungry. The rations we have are probably very good discipline as we were too luxurious and well fed before. I think we miss eggs as much as anything; the allowance of one each per month is not much and they cannot be divided! We have plenty of bread, vegetables, tea and many other things and the health of the nation is wonderful. The doctors complain of lack of work. This winter is a testing time but there has been no epidemic and we hope there will not be.

The effect of industrial work on our women may mean too much strain, but everything possible is to be done for their welfare. I think that one of the greatest problems is the care of the "under fives" for whom fruit and vitamins are so essential. There are suggestions for a national health service, so you will see there is much to think of. Our nurses have done splendidly and I am proud of them.

Here are two interesting sidelights on the adventures of the Canadian nurses who are serving in South Africa. The first reads as follows:

On board ship we were well taken care of and conveniently located, and found it highly desirable to change into slacks the day following embarkation. We have remained in them since, changing for dinner each night. The weather is that of a June day, and we are stretched out in deck chairs recuperating after a heavy sea. We have organized a committee, representative of each province, and are planning an hour of study daily at which four topics will be discussed — military law, English currency, first aid, cities in South Africa.

Here is the second:

Cape Town is a most beautiful city and even beyond our expectations, which were high after Dr. Peters had told us so much about it. We could hardly walk three steps without someone inviting us into their car for a drive and home to a meal. All of us were invited to the Groote Schuur Hospital and had a very good time. There we met Miss Hiscock (an M.G.H. nurse) who was leaving the next day to join the Army. Miss Hiscock has been out here for six years. I am afraid our chances of getting North are slim as the South African nurses have first choice. From Cape Town we were sent to Durban where the Matron-in-Chief interviewed us in quick order and within twenty minutes had us distributed to various centres. Four went to Johannesburg, ten here (Pretoria), twenty to Pietermaritzbourg, and forty remained in Durban. Pretoria is the largest military base in South Africa, but we are in an isolated spot five miles from the city and live in huts called after various ships. I am in "Valiant" and others are in "Ajax".

Now a word from a nurse serving with the Canadian Orthopaedic Unit in Scotland:

We certainly have been very fortunate in having an opportunity to serve with this unit. There are twenty-two nurses and nine doctors for one wing, and we have four wards, with forty-two patients in each. About seventy percent of the patients are in the forces. They have been waiting for us for some time and there is quite a long waiting list for the surgeons. The hospital is very well equipped. It is wonderful that so many places have been converted into emergency hospitals. We are housed in huts which are quite comfortable and cozy. The College of Nursing in Edinburgh entertained us at a luncheon and were extremely kind to us. We were taken on a tour of Edinburgh Castle, the War Memorial, and John Knox's house. There are frequent concerts and shows for the patients which we attend. Sir Harry Lauder entertained us not long ago; he certainly is wonderful at his age. We are getting plenty of outdoor exercise and are all gaining weight.

Finally, here is a message from that indomitable spirit, Rebecca Strong, now in her hundredth year:

We are much restricted, but not really in want — the organization is most creditable — the health of the nation has not suffered. What happy memories your name recalls, age prevents any repetition, but happy memory will remain. I fell in April breaking my right thigh bone and, though still convalescing, cannot expect full recovery, being in my ninety-ninth year. But I hope for sufficient strength to prevent me from being a burden to my relations who have kindly allowed me to make my home with them. They have done and are doing everything possible for me — electric light at head of bed, anthracite stove, wash basin, hot and cold water — very, very much to be thankful for.

The Provinces Go Into Action

With a realization of the need for preparatory and follow-up work, each province has either already appointed a special representative to work with the C.N.A. Emergency Nursing Adviser, or else has given consideration to such an appointment. In some instances the representatives have been released from their more permanent duties for a period of time; in others they have accepted the added responsibility and are carrying on, at least through the initial stages of the development.

Significant appreciation of the importance of the work is evidenced in the following appointments: *Prince Edward Island*, Anna Bennett, instructor at the Prince Edward Island Hospital, Charlottetown; *Nova Scotia*, Marjorie Jenkins, president of the Nova Scotia Registered Nurses Association, and director of nursing at the Children's Hospital, Halifax; *New Brunswick*, Margaret Pringle, acting instructor, General Hospital, Saint John; *Quebec*, E. Frances Upton, executive secretary, registrar and official school visitor, Association of Registered Nurses of the Province of Quebec; *Ontario*, Marjorie Buck, superintendent, Norfolk General Hospital, Simcoe; *Manitoba*, Gertrude Hall, secretary-treasurer, Manitoba Association of Registered Nurses; *Alberta*, Margaret Fraser, director of nursing,

Royal Alexandra Hospital, Edmonton; *British Columbia*, Evelyn Mallory, registrar, Registered Nurses Association of British Columbia. The naming of a representative in Saskatchewan has been deferred until the Emergency Nursing Adviser visits that province.

In order that our objectives may be attained, nurses themselves must be fully informed regarding "new ways in wartime". They must have knowledge of the results that are looked for from the appointment of a "contact man" to bridge the miles that lie between professional ways and interests —miles that all too often spell lack of knowledge and consequent misunderstanding and indifference. They must realize the benefits that may be expected from the appointment of representatives who will bring into closer relationship the factors in our problem that are both diverse and common and, by mutual study, try to find some satisfactory solution of them. To ensure success, the individual nurse must be able to interpret nursing needs to the general public and also to indicate the steps that are now being taken to meet the demands being made upon the profession. This is what every nurse can do for her profession today and for its progress tomorrow—she can be an informed and interested member of it.

An important part of the necessary propaganda which is to be carried on in the provinces naturally includes close contact with authorities in schools of nursing and hospitals, and with other groups representing all fields of nursing. Contacts should also be maintained with the members of the medical profession, and with the Departments of Health and Education, university authorities, women's organizations, the press, the Boards of Trade, and other public bodies including industrial organizations. An explanation of professional nursing to all these groups is long overdue. Such an explanation should deal with our desire to meet demands during the present crisis and to build towards reconstruction, and is immediately concerned with the steps that are being taken to do so. These steps include the support and extension of post-graduate courses, so that a sufficient number of specially qualified nurses may be available to carry on work on the home front if new and more nurses are to be prepared to meet the demands here and elsewhere. Other measures are the recruitment of an adequate number of desirable students for schools of nursing; the improvement of the status of the general duty nurse, in order that nursing services may be stabilized; the renewal of contacts with married and inactive nurses to ensure that the most practical help is available from this mature group should a real emergency arise; and the study and development of plans whereby responsibility for the preparation of nurses, students and graduates, may be borne more directly by the Universities and guided through more centralized control.

Last, but not least, careful consideration is urged on the part of the qualified nurse before she relinquishes duties for which she is specially prepared. Such consideration would bring about a better distribution of nurses to serve in centres where they are needed in these trying times, rather than in centres where they would like to be. Nurses have never been slow to accept their special responsibilities and, in wartime, this is surely one. When the war is over, honours will truly be shared by those who steadfastly serve in less conspicuous places on the home front. The profession must see to this.

These thoughts are not new but are

built around the recommendations that resulted from the Joint Conference, recommendations with which most nurses are now familiar. Before the work of the Adviser is completed, it is hoped that each approved school of nursing in the Dominion will have been reached through personal contacts, made by the Adviser or by a representative, and that a sympathetic hearing will have been obtained from the directors of the schools, the superintendents of the hospitals, and the members of boards of directors. Approaches will also have been made to the other groups already mentioned. Opportunities are now being sought to offer suitable explanations of professional aims and the suggested paths by which these are to be reached. If such opportunities are to be capitalized, we say again that the rank and file of nurses must be prepared to act as ready and informed interpreters. As familiar and trusted members of the profession, their opinions will have much weight. It is earnestly hoped that readers of the *Journal* and others to whom this message may come will be among the voluntary recruits to carry the word into new fields.

Already, initial visits have been paid by the Emergency Nursing Adviser to a number of provinces including Quebec, Ontario, Nova Scotia and New Brunswick. Through a very generous gesture on the part of the nurses of Prince Edward Island, Miss K. MacLennan, president of the Prince Edward Island Registered Nurses Association, and Miss Anna Bennett, special representative, attended the meeting held in Saint John. This meeting was an historic one. As a responsibility of the provincial association, nurses came by train, plane, and motor. With one exception, every school in New Brunswick was represented and the cordial welcome extended to the Adviser was one of inspiration. Time did not allow for as full a representation in other centres, but the interest evidenced was just as keen. In Nova Scotia, arrangements were made for the Adviser to meet quite a unique group representing higher education, the medical profession, the department of health, boards of directors, and the nursing profession. In Ontario, a very energetic committee, under the chairmanship of Miss Beatrice Ellis, has already outlined a comprehensive programme of activities so carefully prepared that the Emergency Nursing Adviser and the provincial adviser have every assurance that they have the support and interest of nurses throughout Ontario. By the time this article appears in print, it is hoped that contacts will have been made in every province.

The experiment began in the Province of Quebec, and the assistance and impetus given will no doubt be reflected throughout the whole development. In this province, the work of the Emergency Nursing Adviser involves a dual responsibility and the Canadian Nurses Association has been fortunate enough to secure Miss Suzanne Giroux to represent the French-speaking nurses. The appointment of Miss Giroux bespeaks success. She has entered upon the work with ready enthusiasm and her knowledge of nursing affairs, her keen mind, and very definite interest cannot fail to inspire others. At very short notice, Quebec was ready. Doors of institutions were opened, information was made available and even Boards of Directors almost met to order. It was readily made possible for the Adviser to confer with professional groups and in a way that permitted of discussion which was most helpful. Yes, we shall always be intensely grateful to the nurses of Quebec for the early days of initiation. The Adviser also attended a meeting of the Association of Re-

gistered Nurses of Quebec which was held in Quebec City. All English-speaking schools in Quebec were visited, and, in every instance, sympathetic consideration was given to the efforts that are being made to assist in maintaining an efficient nursing service.

It is to be regretted that certain limitations do not permit of more detailed recognition of the plans that were so quickly and efficiently laid in Quebec and the other provinces by the presidents and the most energetic representatives. These plans centre round the recommendations and, translated into action, take such forms as continuous propaganda including press, radio and other publicity, carried on nationally and provincially. In connection with the recruitment of desirable students, this propaganda must be taken into private and high schools, and other educational institutions. It must reach the potential nurse in time for her to plan wisely the foundation upon which her future will be built. Talks to high school students present opportunities for explaining nursing as a national service with almost unlimited scope that will not be confined to the war period. It also makes possible the interpretation of a *good* school of nursing. A personal approach is of great value, and here again the individual nurse can help. In one province, through the co-operation of the Director of Public Health Nursing Services, public health nurses are carrying this message into the schools that come within the districts in which they are working. Photographic leaflets are being prepared by the Canadian Nurses Association to be used in connection with the information that is already available.

An approach is being made to the authorities in each approved school of nursing regarding the selection of nurses who are qualified to undertake post-graduate study. In connection with post-graduate courses, it is also suggested that consideration be given to the establishment of closer relationships between the universities and hospitals in order that nurses preparing themselves for supervisory positions may obtain courses that not only afford additional experience in some specialty, but which qualify them to teach, and to approach their responsibilities with some knowledge of the principles of administration. It is reassuring to know that a committee of the Canadian Nurses Association is setting up criteria and other information that will aid in planning post-graduate courses on a graduate nurse level.

Refresher courses for married and inactive nurses are already underway in several provinces with most encouraging response. Considerable thought is being given to the study of in-service education and the visiting instructor has become a live person in more than one situation. Studies are also being made of the preliminary school and of other developments such as the Vassar plan. While these have not taken definite form at the time that this article goes to press, they indicate that a lively interest in the solution of present day problems in nursing is being shown in more than one province.

The happenings of the past few weeks are recorded with enduring appreciation of the interest so generally displayed by the nurses of Canada. On every hand, this interest constitutes encouragement for, as one reporter suggested, "I know that important things are happening because so many important people are interested in them."

KATHLEEN W. ELLIS,

Emergency Nursing Adviser, Canadian Nurses Association.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Twenty-first General Meeting

An outline of the programme for the twenty-first General Meeting of the Canadian Nurses Association is published on the following pages. It will be noted that the first general session opens on Monday morning, June 22nd, and that the Programme Committee has arranged the proceedings for the week in keeping with the responsibilities of Canada's nurses during war-time as well as in preparation for the future. The guest speaker on Monday evening will be Miss Julia Stimson, President of the American Nurses' Association. The Right Honourable Malcolm MacDonald, High Commissioner for the United Kingdom, has accepted an invitation to speak at the dinner meeting on Tuesday evening. Then on Friday, Miss Effie J. Taylor will address the evening session. Miss Taylor is Dean of Nursing, Yale University, and President of the International Council of Nurses.

In a previous issue of these *Notes*, it was announced that plans in connection with celebrating the Tercentenary of the founding of the City of Montreal had been cancelled or greatly modified. The Sisters of the Community of Hotel-Dieu of St. Joseph at Montreal, originally had under consideration extensive plans for commemorating the arrival of Mlle Jeanne Mance in 1642. While these earlier arrangements must of necessity be curtailed, a very interesting programme is being planned for Thursday afternoon and early evening, under the direction of the Mother Superior, Reverend Mother Allard.

The immediate concern of everyone is toward total war effort, but at the same time, it is the responsibility of the national nursing organization to guard professional advances already made. Consequently it is not advisable to abandon all interest in those projects which may seem unrelated to the present grave crisis. The Association has continued to develop activities through committees, each of which will submit a progress report to the General Meeting. Plans for the programme of one session, which were assigned to the Committee on Nursing Education, have resulted in that committee selecting "Safe-guards to Nursing—Present and Future" as the topic under which the biennial report and relevant activities of the Committee will be presented and discussed. A progress report by Miss Kathleen W. Ellis, as Emergency Nursing Adviser to the C.N.A., will prove a splendid guide toward formulating plans, when the immediate and post-war responsibilities of the Canadian Nurses Association are under direct discussion.

The Windsor Hotel, Montreal, will become convention headquarters to the Canadian Nurses Association for the week of June 22nd to 26th, 1942, with meetings of the Executive Committee held on June 19th, 20th and 27th. In

order to be assured of satisfactory hotel accommodation, early reservation is urged. Application should be made direct to the manager, **Windsor Hotel,** Montreal. Rates quoted to members of the C.N.A. by the Windsor Hotel are: single room, $4.00 and $4.50; double room, $3.00 per person; three in a room, $2.50 per person; four in a room, $2.25 per person. Each room has a connecting bath. A specially prepared card for room reservation can be secured from the secretaries of the Provincial Associations of Registered Nurses.

South African Gratitude

Shortly after the arrival in South Africa of the first contingent of Canadian nurses, Mrs. H. C. Horwood, Organizing Secretary of the South African Trained Nurses Association, wrote as follows to the Executive Secretary of the Canadian Nurses Association:

They are a fine body of women; I personally felt them to be almost "hand picked". They made a very definite impression on everyone they met of being thoroughly competent, well-bred gentlewomen. As emissaries from one Dominion to another, they are excellent. As nurses one felt convinced of their efficiency, kindness and poise. As an older woman it gave me real joy to welcome, under the British Flag, younger nurses come to share our difficulties and vicissitudes.

As the first arrivals, they received a more or less formal and official welcome from the Mayor (Cape Town), from our A.D.-M.S., from the Matron-in-Chief, and from the South African Trained Nurses Association. A courtesy which they greatly appreciated was a personal letter of welcome to each from the Prime Minister, Field-Marshall, the Hon. J. C. Smuts.

My thanks to Canada for sending her daughters to our assistance.

British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

Ontario:

District 1:	
A.A., Sarnia General Hospital	$ 60.50
A.A., Public General Hospital, Chatham	50.00
Districts 2 and 3:	
Graduate Nurses Simcoe Registry	20.00
District 5:	
A.A., Hospital for Sick Children, Toronto	62.24
A.A., Riverdale Isolation Hospital, Toronto	25.00
A.A., Soldiers' Memorial Hosital, Orillia	12.00
Graduate nurse staff, Toronto Hospital, Weston	23.50
Inter-school Student Nurses Association of Toronto	628.41
Jr. Division, Class of 1944, Toronto Western Hospital	10.00
Nursing Sisters, Toronto Military Hospital	20.00
Nursing Sisters, Chorley Park Military Hospital, Toronto	8.00
Individual contribution	5.00
District 6:	
Staff — Port Hope General Hospital	17.14
Chapter C, Registered Nurses Association of Ontario	12.40
Registered nurses of Cobourg	192.88
District 7:	
Perth nurses	4.24
District 8:	
A.A., Ottawa Civic Hospital	655.15
Nurses of District	344.85
District 9:	
Individual contributions	8.00
Kirkland Lake nurses	14.75
District 10:	
Graduate staff, General Hospital, Port Arthur	13.00

A contribution to the Florence Nightingale Memorial Fund has been received from:

Ontario:

A.A., Mack Training School, St. Catharines	10.00

TENTATIVE PROGRAMME OF THE GENERAL MEETING

Monday—June 22, 1942

General Session

8.00 a.m., Registration.

9.30 — 10.30 a.m.

Invocation.

Reading of Minutes of the General Meeting, 1940.

Report — Honorary Secretary.

Report — Honorary Treasurer.

Report — Executive Secretary.

Correspondence.

10.30 — 12.00 noon.

Presidential Address.

Reports of Standing Committees: Publications; Arrangements; Programme; Nursing Education.

Appointment of Press representatives.

Appointment of Resolutions Committee.

Appointment of scrutineers, with instructions regarding voting.

Roll Call of Federated Associations.

International Council of Nurses — report by the President of the Canadian Nurses Association, Miss Grace M. Fairley.

Report of the National Joint Committee on Enrolment.

Formal presentation of resolutions from the Executive Committee and the Provincial Associations.

General Session, 2.00 p.m.

2.00 — 4.00 p.m.

Reports of Special Committees: Exchange of Nurses; Mary Agnes Snively Memorial; Legislation; History of Nursing; Eight-hour Duty for Nurses; Syllabus; National Voluntary War Services Advisory.

Report of the representative of the Canadian Nurses Association on the Nursing Council of National Defence (U.S.A.) Budget Report.

General Session, 8.00 p.m.

Chairman: *The President of the Association of Registered Nurses of the Province of Quebec.*

Addresses of Welcome, and a response to them by the President of the Canadian Nurses Association, Miss Grace M. Fairley.

Ceremony: *The Mary Agnes Snively Memorial Address and Presentation of Medals.*

Address: Miss Julia Stimson, President, the American Nurses Association.

Tuesday—June 23, 1942

General Session, 9.30 a.m.

9.30 — 11.00 a.m.

Special Committee Reports continued: Health Insurance and Nursing Service.

11.00 a.m. — 12.00 noon.

Report of the Publications Committee and the report of the editor and business manager of *The Canadian Nurse.*

General Session, 2.00 p.m.

2.00 — 4.00 p.m.

Safeguards to Nursing — Present and Future: report of the Committee on Nursing Education, by the convener, Miss M. Lindeburgh. *The Proposed Curriculum and its Supplement*: (a) the essentials in the administration of a School of Nursing Curriculum will be discussed by Miss Norena Mackenzie; (b) the *Supplement*, as a guide in clinical teaching, will be discussed by Miss Jean M. Wilson.

Schools of Nursing Records — a progress report by Miss Ruth Thompson.

A report of the Committee to study Registration Examinations, by Miss Miriam Gibson, convener of the Instructors Committee, Hospital and School of Nursing Section.

Discussion of Recommendations.

General Session, 7.15 p.m.

7.15 p.m., *Dinner Meeting.*

Address: The Right Honorable Malcolm MacDonald, High Commissioner for the United Kingdom.

Wednesday—June 24, 1942

CONCURRENT MEETINGS OF SECTIONS
9.30 a.m.

9.30 a.m. — 3.00 p.m.
Hospital and School of Nursing Section.
General Nursing Section.
Public Health Section.

GENERAL SESSION, 3.00 p.m.

3.00 p.m. — 4.30 p.m.
Discussion of reports presented by the Sections.
Discussion of reports presented by the Provincial Associations.
Evening free for special social functions.

Thursday—June 25, 1942

GENERAL SESSION, 9.00 a.m.

9.00 — 12.30 noon
Responsibilities of the Canadian Nurses Association, Immediate and Post-War: The significance and importance of the Joint Conference, held by representatives of the University Schools of Nursing and the Executive Committee of the Canadian Nurses Association, will be discussed by Miss Kathleen Russell, Director, School of Nursing, University of Toronto.
Report of the Committee on the Approach to the Federal Government.
Report of the Committee on the Appointment of an Emergency Nursing Adviser, presented by the convener, Miss Grace M. Fairley.
A progress report by Miss Kathleen W. Ellis, Emergency Nursing Adviser.
General discussion.
Summary of discussion, by Miss Mary Mathewson, Assistant Director, School for Graduate Nurses, McGill University.
In the afternoon and evening a programme will be given at Hotel-Dieu Hospital, Montreal.

Friday—June 26, 1942

GENERAL SESSION, 9.00 a.m.

9.00 — 11.00 a.m., National Nursing Problems.
11.00 — 12 noon, Unfinished Business and New Business.

GENERAL SESSION, 2.00 p.m.

2.00 — 4.30 p.m.
Report of the Resolutions Committee.
Unfinished Business.
Report of Scrutineers with reception of new officers.

GENERAL SESSION, 8.00 p.m.

8.00 p.m., *Address*: Miss Effie Taylor, President of the International Council of Nurses.

A. A. R. N. Annual Meeting

The annual meeting of the Alberta Association of Registered Nurses has been planned for the Easter week-end, April 6 and 7 inclusive. The sessions will be held at the Macdonald Hotel in Edmonton and a large attendance is confidently expected. An interesting programme has been arranged. Further information may be obtained from the secretary, Mrs. A. E. Vango, St. Stephen's College, Edmonton.

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Our Unique Resources

MARION MYERS

Those of us who work in schools of nursing frequently have reason to analyze and study this institution from the point of view of resources, liabilities, objectives and possibilities. In this article I shall try to recall a few of our valuable assets, so important in producing the high quality expected in our finished product.

Every institution is engaged in the work of production, whether it be that of the home, the school, or one of purely commercial aspirations. Our institution is a special school with its own particular ambitions and resources. We aim high for, whether we realize it or not, our objective is first to produce a skilled artisan whose deft fingers and trained movements radiate efficiency, stimulate confidence and save energy and supplies without becoming mechanical. Into this skilled technician must be woven professional characteristics, especially such qualities as the sense of responsibility, with mental reserves always available to take control of unexpected situations. There must be ability to formulate plans and to exercise judgment through quick association, and to recall an experience the outcome of which not only affects material things but life itself. Our product must be socially minded with an ever growing concern for the improvement of society as a whole. These are but a few of the professional threads that blend into and balance our nursing tapestry. Nor are these technical and professional qualities enough. Still more meticulously must be woven the finest threads of all: the aesthetic qualities of an artist, whose aim and delight is perfection, whose sense of proportion and rhythm together with beauty of purpose (which is spiritual) elevates nursing to its original yet greatest possibility — that of a fine art. In a literal sense, all this perhaps seems a bit idealistic, almost as if we had failed to consider human weaknesses and imperfections, but on closer analysis, let us be encouraged, for we have much on the credit side. The qualities outlined are really pursued by all professions, but with our own (due to its constant human relationships) the public as a whole sets our standards and evaluates our results as truly as do our schools and nursing organizations.

First of all, on our credit side, we have youth, always a source of hope and promise. Our students enter with enthusiasm, they think of nursing in terms of its benefits to society and are eager for this contact. Their minds are set in the right direction — can we keep them this way? This is our first challenge. Valuable potentialities so often lost here are not easily regained. No force is

stronger at this stage than the carefully selected staff, sufficiently balanced, professionally, technically, and emotionally, to give the proper guidance and experience that will prevent disillusionment and retain enthusiasm. Variety, or the need for change, is regarded as one of the vital requirements of life. Does any school possess this in greater abundance than ours? That ever varied stream of life to which our students are exposed is persistent and demanding and sets our schools apart. No humdrum monotony here, but constant association with reality. Our schools are never dull.

Much may be said for learning while on the job. It is the old apprenticeship system, modernized by better methods of supervision and guidance. But the apprentice who looks up to his master workman renders no mean service to our schools, providing the master workman is worthy of his apprentice. So many inspiring and satisfying situations occur in nursing that other schools would find it difficult or impossible to experience. For instance, our students work shoulder to shoulder with their teachers and professors outside the classroom and this very fact should prevent cleavage of theory and practice. How often, more especially at night, do our students share with the physician a great responsibility to life. Their contribution to the successful outcome is so often a vital factor. At such times the students are entitled to receive acknowledgement of the part they have played, it is but common courtesy, teeming with educational and satisfying values. Only a little self-analysis is necessary to illustrate how far-reaching is the effect on the moulding process we aim to achieve.

I have found the student's judgment and observation most refreshing and helpful in studying effects of the newer drug therapy. Pharmaceutical houses are releasing new chemical combinations so rapidly that even their list of effects can stand some revising. These observations influence medical thought, reinforce science, and safeguard life. It is always encouraging to feel one has a place in the mosaic of human affairs so let us be generous in our recognition of the contributions made by the student.

Life cannot reach its fullest proportions without satisfaction. I have listed a few means to this end, not the least of which is creation. The child who builds his block castle experiences a happiness without which life is drab. The person who can tactfully guide the creative instinct, so definitely a human quality, through useful channels to the stage of satisfaction has accomplished much. We have many opportunities for this in nursing. None better perhaps than the patient assignment system, where each nurse must think in terms of her patient as a whole, whose varied physical, mental and emotional states present a constant challenge to the creative spirit. Many other qualities might be listed on our credit side. We take them for granted because their roots are deeply entwined with the past and they are part of us. But, to this day, they give our School something vital that we shall do well to cherish.

Planning a Refresher Course

MARION BOTSFORD

When a call went out during the past year for the enrolment of married and inactive nurses for service in the community in the event of an epidemic or emergency, the response in Manitoba was immediate and enthusiastic. By December, in the city of Winnipeg, one hundred and one graduates from hospitals in England, the United States, and all parts of Canada had enrolled for full- or part-time service. It was pointed out, however, that many of these volunteers, although willing to serve, had been out of touch with nursing for many years. A refresher course was, therefore, suggested and seventy nurses expressed their desire to be brought up to date on the latest developments in scientific medicine with its corresponding influence on nursing methods and procedures. The Manitoba Association of Registered Nurses felt that this response was a challenge to the active members of the nursing profession, and that it must be answered by the best that could be offered in up-to-the-minute data on modern methods, to meet the needs of the nurses offering their services and the hospitals and communities where their services might be required.

The preparation of a program was soon undertaken to include lectures and demonstrations on the newer drugs, abdominal surgery, medical diseases, obstetrics, pediatrics, communicable disease and community resources. In addition, it was necessary to include a comprehensive series of classes in emergency nursing to prepare graduate nurses to supervise some forty first aid stations, for which plans were being made by a Central Committee on Civilian Defense. It was realized that the educational program must be based on sound educational principles and the symposium plan was chosen as the most effective method of presentation. All aspects of each discussion could thus be correlated to show the complete picture of the patient, with the factors influencing his condition and environment.

The points of view to be considered were: the medical, pharmaceutical, nursing, dietary and preventive aspects which would include the modern scientific discoveries which have affected diagnosis and treatment; recent outstanding advances in chemotherapy and the newer drugs; changes in nursing theory and practice which necessarily followed the advance in scientific medicine; diet therapy which had been affected in a like manner; and the advance in preventive medicine which is now recognized to be of major concern to doctors and nurses alike.

This ambitious program must necessarily be covered in a limited number of lectures because of the home responsibilities of most of the members of the class as well as the additional Red Cross and war work almost everyone is undertaking at the present time. A schedule of fifteen two-hour periods was therefore arranged, classes to be held in the evening from 7.30 to 9.30 p.m., on two evenings each week, at the Medical College where a theatre was reserved for this purpose. A fee of $2 was charged to defray expenses of the course.

The next problem to be considered was that of the teaching personnel, which again must be the best available — not only from the point of view of knowledge of each specialty, but from that of ability to present the material effectively.

Doctors, pharmacists, nurses and dietitians were then approached and the response of every group was most gratifying.

Encouraged by this willing co-operation, programs were then printed and distributed, notices appeared in the local newspapers and mimeographed material on the first lecture was prepared. Facilities for showing lantern slides and x-ray plates were obtained and a unit which included a bed, chair and bedside table with a Chase doll was borrowed from the class room of a nearby hospital.

The stage was finally set for the opening lecture which was to commence at 7.30 p.m. However, by 7.15, the theatre, with a seating capacity of 100, was obviously inadequate to accommodate the eager audience which continued to assemble. Fortunately another room was available in the same building where almost 200 nurses have faithfully attended each class with ever-increasing interest and enthusiasm.

In addition to the lectures and demonstrations, a period of observation was arranged in the hospitals through the co-operation of the superintendents of nurses. Sixty members of the class, who had been out of touch with actual bedside nursing for many years, welcomed this opportunity to regain confidence in their ability to give efficient and intelligent nursing care. The attitude of these mature women towards the patients in the wards of our hospitals may reasonably serve as an example to the young nurses who, although they are skilful and adept in the practice of scientific procedures, may lack those attributes of kindliness and understanding which are only developed through varied personal experience and which contribute so much to the physical and mental welfare of the patient. There is little doubt that the understanding and appreciation of basic human needs which these women have learned to value during the course of their everyday lives was, to a great extent, the impetus which caused them to leave their cozy firesides to attend a refresher course which would give them a knowledge of scientific methods which will enable them to give the best in expert nursing care when the need arises.

Obituaries

HENRIETTA DUNLOP died recently in Montreal. Miss Dunlop was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1893. Throughout a long and useful professional career she rendered outstanding service as a private duty nurse and was greatly beloved by her patients. Miss Dunlop was a charter member of the Alumnae Association of her School and served as the first secretary-treasurer of the mutual benefit association, a position which she filled for many years. At the annual dinner of the Alumnae Association, held in June 1941, Miss Dunlop was made a life member as a token of the appreciation and the affection of her fellow members.

JOSEPHINE LONDEAU died on February 13, 1942. For twenty-eight years Miss Londeau had rendered devoted and faithful service as night supervisor in the Hotel-Dieu de St. Joseph, Windsor, Ontario. She was a graduate of the School of Nursing of this Hospital, and a member of the Class of 1914.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Health – an Experience for All

EDITH M. MCDOWELL

"The sum total of man's environment is the instrument of his education." This is the challenge flung by an eminent educationalist to a modern world. Those who take refuge behind the school, hoping to escape responsibility, must now come out into the open and acknowledge that in so far as they contribute in any way to the experience of the child, they are responsible for his education. It is vain to attempt within the school the development of an appreciation of the good life unless the environment beyond the school is a daily experience of that way of life. But the school, too, must accept the challenge. It is vain to implement within the school a program which is merely an echo of something that belongs to the past and does not provide the experiences which develop the child for the reality of living in a changing world. Misplaced emphasis with regard to the relative importance of subject matter, and tenacious clinging to traditional methods, have given the school-experience a remoteness that has led to much confusion in the minds of our people.

In the curriculum of the Los Angeles city schools there appears this terse interrogation: "What shall it profit the child if he gain the whole curriculum and lose his own health?" Read it again. Does it not imply that the curriculum is valueless unless it takes care of the health of the child? I would be greatly concerned for the success of teaching square root to a child who had not had a square deal in the matter of food, clothing, shelter and emotional security. Many years ago there appeared on the English market a book entitled "Day Dreams of a Schoolmaster." The day dreams centered around a classroom filled with sturdy, spirited boys who, in those days of the cane, were repressed with difficulty. Among them sat a little lad whose wan pallor and lack of vitality so touched the schoolmaster's heart that difficulties with Latin were glossed over with unexpected tenderness. One morning his place was vacant. Tuberculosis had claimed him. For many years after the schoolmaster's memory stirred wistfully for the little lad "who was backward in his Latin." Of course, we do not err so grossly and yet, before us lie the facts and figures concerning rejections on medical grounds of both men and women who have volunteered for war service, and we realize grimly that health practice through health knowledge has in some way eluded our grasp. We are feverishly active with programs for the home front. What about the boys and girls in our schools today? Are they

to be another forgotten generation? When we call them to build the better world of the future will forty-six per cent of them fail to make the Grade A class of young men and women whose courage and vitality will be needed for this task? Will many of them be discovered with defective hearts that might have been normal had our present program included that protection which modern science affords? Or will their capacities and talents for creative living be developed through health practice and health knowledge which is their birthright?

The teacher and the public health nurse hold in their hands to an incalculable extent the guarantee of a strong vigorous youth who shall be our citizens of tomorrow. Education for health behaviour as a way of personal and social living cannot be achieved except as it grows out of all child experiences in the home, school and community. This calls for the preparation of teachers who shall be keenly aware of the social significance of their work, so that the school environment shall make health a daily, hourly, minute-by-minute experience within the school program. This relieves the public health nurse entirely of the task of going into the classroom to deliver weekly or bi-weekly health talks which do not begin to take care of health in and through education. She has no more justification for doing this than she would have for delivering spasmodic talks on mathematics or French. The public health nurse is a specialist in the field of disease prevention and health construction. She functions in a liaison capacity between home and school. The teacher needs her help as a health consultant, not only for advice as to school health problems, but also to point out the opportunities for co-ordinating health through every subject in the curriculum. The teacher needs her help in building up a safe and healthful home environment. Together, they should throw their weight into many community projects which would form a bulwark around the efforts of the school.

Perhaps the departments of health and education should always have been one and the same department. Certainly our functions should never have become so widely separated as they are at present. This brings a challenge to every public health nurse. How much do you know of the school curriculum? Are your ideas of the school too traditional? Do you know that the traditional foundations of teaching method are being shaken profoundly today? Are you prepared to give advice with regard to integrating and correlating health in the school program? Can you swing your own thinking free of our many outmoded traditions, so that your functions as a health advisor may become crystallized toward courageous, "all out" endeavour?

Health is not only a social necessity. Health for all, in its broadest sense becomes an imperative in the democratic way of life. That is our signal to close our ranks so that health education shall not consist of pretty posters, nursery rhymes and desultory talks that have obviously accomplished but little, but rather that health in education shall be evidenced by better citizens in a better world.

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association.

A Difficult Case

K. MAGEE *and* M. BEACOCK

One winter evening I was called to a house on "Influential Heights", where I found Mr. A. suffering from a heaviness in the chest, slight air-hunger, severe diaphoresis, temperature of 103 degrees, and sleeplessness. The doctor had warned me previously of a bronchial pneumonia. It seemed my patient had been ailing for some five weeks, beginning with the "flu", and developing into bronchitis. He had no appetite during that time and lost weight quite rapidly.

Unfortunately, Mr. A., a highly strung gentleman of early middle age, did not strictly obey his doctor's orders, refusing to remain in bed and questioning his treatment. This resulted in a condition rapidly growing worse, and one desperately in need of hospital care. The day after I arrived, he was admitted to hospital with a history of several chest illnesses. Examinations and clinical tests for tuberculosis had proved fruitless. His occupation kept him closed in, involving a certain amount of mental strain because of his influential position.

The first x-ray after admission confirmed a broncho-pneumonic condition of the left lung. Soludagenan, to counteract the infection, was administered at once and at regular intervals for three days. Severe nausea indicated a change in treatment; Edvinal was tried with the same result, so prontylin was given per ora but gradually brought about the same effect and it too was discontinued. Sinapisms and oxygen to relieve congestion and air-hunger were applied. Intravenous of glucose to nourish, and sedatives to induce sleep were given, and heart and respiratory stimulants were administered. A blood transfusion was given, and repeated at regular intervals.

On the third day in hospital, the patient's abdomen became distended and hard. Linseed poultices were applied and enemas given, with pituitrin in small doses. Considerable relief was obtained and, after prolonged treatment, this condition subsided. Severe constipation persisted throughout the case and enemas were regular treatments, cathartics proving to be ineffectual and nauseating. Retention of urine was evident after the sixth day and the insertion of a retention catheter became necessary.

The prognosis was considered poor almost from the first, owing to the patient's very weak condition, caused by his prolonged illness at home. During the first week he had chills almost every day. His temperature ranged from 97 degrees to 104 degrees; the pulse was 140 but strong and steady. At the end of the second week the chills ceased, the temperature abated to some extent, but

the pulse became weaker and the patient's condition was considered poor. A chest aspiration, and culture of the fluid obtained, revealed a streptoccic infection. No relief of air-hunger was apparent after several aspirations. An x-ray at this point showed an increase in the involvement of the left chest with the heart becoming more and more displaced toward the right by a collection of fluid in the left base.

During this time the patient was forced to remain in Fowler's position, being unable to turn on either side owing to severe dyspnoea. A constant breeze, in below-zero weather, with the added help of an electric fan and an oxygen tank, did not always ease his intense air-hunger. The ward was, of necessity, uncomfortably cold when carrying out nursing procedures throughout the entire case.

Nearing the end of the third week, the patient began to expectorate huge quantities of offensive, purulent sputum. This lasted two days and gave him great relief from air-hunger. The temperature subsided but the pulse remained weak and thready most of the next week. A rib resection was performed anterioraly, and in a few days another posterioraly. Very large amounts of offensive purulent drainage were obtained. An x-ray following the resections showed the empyema pockets well drained and the heart almost returned to its normal position. Though great relief was felt for two or three days, and the patient's condition appeared to be generally improving, this result was not permanent. His discomfort increased and his condition became steadily worse until he lapsed into a state of unconciousness during his sixth week of illness. The temperature rose, the pulse became rapid and weak, the respirations variable and shallow. Eleven hours later the patient expired.

Besides the attending physician, a prominent urologist and a surgeon were taken into consultation, and lent their skill. Death, according to these physicians, was due to general septicaemia. The W.B.C. was almost normal throughout. From the standpoint of the nurse this case was difficult, in that the patient was very intractable, and interesting because of the great possibilities to employ her nursing skill.

Letters from Sweden

ELIZABETH LYSTER

Author's Note: While on a holiday in New York City, in March 1940, I learned of a Field Hospital Unit which was being formed to give medical and nursing aid to Finland in the war which they were fighting against Russia at that time. I was lucky enough to be accepted as a member of this Unit and, although the war had come to an end before we sailed, it was thought that we could give valuable help in reconstruction. However, as shown in the following letters, the German invasion of Norway brought about changes in the original plans of the Unit.

Kohlby Gaard

September 2nd, 1940.

Dear M:

Here I am living in the middle of a book—it is rather unbelievable. Kohlby

Gaard is a large farm, a very large farm indeed ,1500 acres, in fact! Only 500 acres are under cultivation, the rest is forest. At the moment, I am living in a house by myself which is only about 50 years old. The "stor hus", or large house, is a mere 250 years or at least the oldest room is, the rest has been built on at different times. There are four immense linden trees which are older than the house. The farm itself goes back to the eleventh or twelfth century. The family who live here now and own the farm, have only been here a couple of generations. There are four children, two boys and two girls, Cajar, Gunner, Bertil and Bittan, the first and last are girls. Herr E. is on military duty but is home now on leave to see to matters around the farm. Then there is his mother who is 83 years old, rather shaky but still bright. I was surprised to find her doing a piece of needlepoint twice as big and twice as fine as my famous piece.

Fru E. is a very patient soul. Besides looking after all the household affairs and her children she now has me on her hands—to teach Swedish. Cajar and Gunner are learning English and German in school so you can imagine what the conversation at the dinner table sounds like. In one week, I have done many things—de-waxed and de-honeyed honey combs, strained and bottled the honey and stuck labels on the jars, raked the driveway, cleaned house which has included getting down on my hands and knees and scrubbing floors, picked and cleaned dozens of mushrooms, and now the housemaid has gone away on her two weeks holiday and I am taking her place waiting on table, drying dishes and doing her cleaning in the mornings. I still have my meals with the family. If I were not here, Cajar would do this work.

Everything is on such a profuse scale —so many trees, flowers, apple trees, fields full of drying grain and load after load being hauled in each day, hour after hour, to the elevator in the barn. Of course, there are cows and horses and chickens but nobody around the house seems to have to do anything about them. There are houses scattered around the place where the men and their families live who do the work on the farm under the supervision of a foreman and Herr E.

We are both a bit discouraged about the speed at which we are *not* learning Swedish, but that is foolish as no one could possibly learn very much in one week and, under these conditions, it is a bit confusing. It is too bad we wasted so much time this summer, but then we didn't know. In my spare moments, which do not seem to be many I am knitting a pair of socks for Fru E, yes, for soldiers!

This morning, while we were peacefully pasting labels on honey jars, the foreman rushed in with a very worried face and I gathered that there had been an accident and while Fru E. ran to telephone for an ambulance, I was told to follow the foreman which I did as fast as I could, on a bicycle, for half a mile or so, to find an oldish man lying in a pool of blood. No one seemed to know for certain what had happened, but I gathered that he had fallen on a cement floor. I felt that possibly he had fractured his skull and, as it turned out, he had. There was really little to do till the ambulance turned up, which it did fairly soon, thank goodness.

Fru E. is making me read aloud from one of the children's books which is a good idea but must drive her nearly frantic. She "hears me lessons"—words and sentences which I learn—and her patience really seems to be unlimited.

My only English book is "The Importance of Living" which is very satisfactory. There is one by Dorothy Sayers, in Swedish, and some fine day I am going to read it. At the moment, it is too slow going for a Dorothy Sayers. It was amusing to see the books translated into Swedish in the book stores in Stockholm; there are many of Eleanor Glynn and Ethel M. Dell is also well represented. However, that is not quite a fair picture, as apparently many of the new and old good books are known and read. I was in a home the other evening where there were many fine books translated from English and French and Russian authors, in fact, real classics. I only wished that I had been able to borrow and read them.

Kohlby Gaard

November 24th, 1940

Dear M:

As you see I am still at Kohlby, and expect to be till the new year. It will be rather fun seeing how Christmas is celebrated in a Swedish home. My Swedish is growing slowly. I have read one book and half of the one by Dorothy Sayers and now am struggling along in the first of Gulbranson's three which I have already read in English. I am getting to the point where I can make myself understood most of the time and can follow casual conversations pretty well. Cajar said the other day that I spoke well and pronounced my words "pa svenska", which was quite a compliment! She is at the very intolerant stage of development, so I was properly thrilled.

I have been to the Island of Oland. It is a two-hour boat trip from Kalmar to Borgholm. There are the remains of an old castle and, a mile or two from the town, the modern and very "Italianiska" castle where the Royal family spends part of each summer. We brought a picnic lunch and laid the things out on a bench by the side of the road and stood round munching happily, in a nice drenching shower, clutching an umbrella in one hand and food in the other.

On Monday, we were invited to V— to see the horses which they breed there. This is another large Gaard which has been in the family for hundreds of years and there is a title and crest floating around somewhere. Some of the buildings are 300 years old, huge and in good repair and used till this day. We saw the horses and, as it was meal time, down the narrow raised walk between the large box-like stalls the necks and heads moved and curved amid the sound of munching and crunching which filled the air. After this we visited the pigs and again it was meal time, only here the food was later arriving and about 150 pigs, big pigs, medium pigs and little pigs were breaking the air into incredible tatters and volumes of sound. One vicious animal stood on her hind legs and grunted and snarled at us, if a pig can snarl. She had recently eaten her whole litter of nine. She looked that sort.

There is a second house on Kalmar Sound where the mother of the family lives. It is the oldest timber house in Sweden and has never burned down. It has been renovated inside and has the most beautiful lines. The windows along one side look over the water of the sound and, in the distance, the long low line of Oland stretches like a smudge of smoke along the horizon.

News flash! I have just heard I have a job and leave here in a day or so for Falun. I shall be at the Hogbo Sanatorium. I get 106 kronor per month

(about $26), with free board, lodging and laundry, which is good pay in this part of the world. Falun is the big town of the Dalarna district and is north and a little west of Stockholm. They say the country is beautiful and the old ways and traditions of Sweden still live on there. I shan't see Christmas in a Swedish home after all, but they celebrate in the hospitals too and perhaps it will be just as well to be working.

(To be continued)

In Honour of Miss Samuel

The members of the School for Graduate Nurses, McGill University, were recently privileged to meet Miss Mary Samuel and to ask her to be the first to sign the School Guest Book, which was a gift from this year's students. A feature of this visit was the placing of her photograph in the library to take its place among those of other nursing leaders, who have been friends and benefactors of the School. This pleasant duty was performed by Miss Palliser, who was enrolled in the teaching and supervision course when Miss Samuel was on the staff of the School and who is at present undertaking a course in hospital and school of nursing administration.

Miss Samuel has a capacity for strengthening one's philosophy, and undoubtedly influenced all her listeners as she wove the threads of her personality into our life patterns. She has left with us hope for the future, and a plea for calmness of outlook. The long perspective of which Miss Samuel spoke, reminds us of a statement, made by A. G. Keller, and quoted by Dr. Bagley in his book, *Education and the Emergent Man*: "Providence is so slow and our desire so impatient; the work of progress is so immense, and our means of aiding it so feeble; the life of humanity is so long and that of the individual so brief, that we often see only the ebb of the advancing wave, and are thus discouraged. It is history that teaches us to hope."

Such faith has been characteristic of all leaders, and we are proud to know Miss Samuel as a foremost leader in nursing. She was born in Hamilton, Ontario, and received her formal education in Montreal, in Nîmes in France, and in Edinburgh. She graduated from the New York Hospital School of Nursing in 1893, and subsequently rendered

MARY A. SAMUEL

outstanding service as assistant superintendent and matron in the Post-Graduate Hospital in New York. She then became superintendent of nurses and principal of the School of Nursing of the Roosevelt Hospital, New York, and later was appointed superintendent of nurses and principal of the School of Nursing at Lakeside Hospital in Cleveland. Upon her return to Canada she served as a social service worker with the Canadian Patriotic Fund in Montreal and during 1918 was invited to become a member, for a period of four months, of the staff of the Army School of Nursing in Washington, D. C. From 1920 to 1927, Miss Samuel assisted Miss Madeline Shaw to organize the School for Graduate Nurses in McGill University; she served as instructor in administration and made a most valuable contribution to the development of the school.

With a twinkle in her eye and a note of satisfaction in her voice, Miss Samuel told of how the old order changeth, yielding place to new; of how democracy was replacing traditional military trends in nursing and lending itself to a firm foundation for development and continuous growth. We particularly enjoyed hearing her personal experiences and her introduction to night duty was perhaps the most striking. It was then customary to keep secret proposed changes of duty and there had to be an element of surprise, as though a shock were good for the soul of a nurse and within the short period of twenty-four hours, a nurse sometimes found herself as head of a new and strange ward for a term of eight months night duty.

The question of textbooks was no problem when Miss Samuel was a student. Every conscientious nurse carried with her a copy of Clara Weeks "Textbook of Nursing" and, as medicine became more complex, it was necessary to add a second book, "Materia Medica", by Lavinia Dock. Nursing service, and not nursing education, was stressed during Miss Samuel's training period and, although a certain amount of book knowledge was gleaned, she realized that her growth was greater following her student days than during them. It was interesting to hear Miss Samuel compare her training days with our present approved hospital and university schools and with the departments of nursing in Canadian universities which offer such excellent facilities for post-graduate study.

Miss Samuel is proud of her association with the McGill School for Graduate Nurses and welcomes every opportunity to revive memories and renew acquaintances. In her own words, her latest visit made her feel years younger and took her back to days when she was helping to put the school on its feet. The students of the School were able to become acquainted with her in the library, where we all enjoyed tea and a sing-song before an open fire and we gratefully thank our instructresses, Miss Lindeburgh and Miss Mathewson, for arranging such a happy occasion.

Miss Samuel has a personality which is attractive and inspiring, and in her one is able to detect a sense of inward peace and a faith in mankind. She is so charming and unassuming in her relationships with people, that to speak with her makes one recall the poem, "The House by the Side of the Road", wherein the plea is made to be a friend to man, and it is readily seen that this has been her way of life.

EVELYN ARCHER,
President, Class of 1942,
McGill School for Graduate Nurses

STUDENT NURSES PAGE

Nursing Care in Colostomy

SHEILA MINGIE

Student Nurse

School of Nursing, Royal Victoria Hospital, Montreal

Mrs. S. was recently admitted to one of the surgical wards in the Royal Victoria Hospital. She is 53 years of age and has lived the greater part of her life in Canada. She has no recollection of childhood diseases and has never had a serious illness or accident.

The patient's present condition noticeably dates back four or five months when she first noticed blood in her bowel movements. The doctor who was then looking after her gave her oil and said it was probably due to haemorrhoids. Bleeding was not continuous and several days sometimes elapsed without flow but Mrs. S. began to be very worried about her condition and was re-examined by her doctor who performed a proctoscopic examination and advised the patient to enter hospital. On admission, the stools were still streaked with blood.

Mrs. S. is an intelligent and co-operative patient who has managed to build up a remarkable composure. She was in no pain or distress. A physical examination was performed and a diagnosis made of carcinoma of the rectum, rectal polypus, and mild essential hypertension. A medical consultation was requested but this disclosed no contra-indication to the operation which took the form of an abdomino-perineal resection. On the table, the patient received a transfusion of 600 c.c. of whole blood and 800 c.c. of glucose saline. Her post-operative condition was good and she was given morphine and codeine every four hours in appropriate doses. Soludagenan was also administered twice daily, and she received an intravenous of 1500 c.c.

Nasal suction drainage was started the following day and the stomach was washed out with normal saline. Then the colostomy was opened and a vaseline dressing applied. The patient was unable to void and was catheterized every ten hours. Standard blood pressure readings were recorded. Spinal precautions were carried out and routine carbon dioxide bag was given. The nasal suction was removed the next day and the colostomy began to function. A day later the posterior incision was irrigated and re-packed. The second time this was changed it was irrigated with hydrogen peroxide and liquid paraffin packing was inserted. Later, the colostomy began to give some trouble due to frequent liquid movements. This responded to Bismal in appropriate doses.

Mrs. S. progressed satisfactorily and was soon well enough to be transferred to the Convalescent Home. In caring

for her, we nurses found good opportunities for health teaching. We were able to show her how to regulate the colostomy and dress it so that there would be no fear of embarrassment. She was a very willing and co-operative patient who benefited from observation and took pride in helping herself.

Refresher Course in Child Hygiene

A refresher course in child hygiene will take place at the School of Nursing of the University of Toronto, from May 18 to 23, inclusive. The topics dealt with are both pertinent and useful, especially to public health nurses. The general content will include lectures on the clinical and preventive aspects of the following selected fields: the eye, Dr. J. F. A. Johnston, senior demonstrator in ophthalmology (consultant to C.N.I.B.); the ear, Dr. Geo. A. Fee, demonstrator in otolaryngology (consultant to National Society of the Deaf and the Hard of Hearing); the skin, Dr. H. A. Dixon, senior demonstrator in medicine; orthopaedic conditions, Dr. John L. McDonald (consultant to Ontario Society for Crippled Children); heart disease, Dr. John Keith, junior demonstrator in paediatrics. Dr. J. T. Phair, chief medical officer, Department of Health, Ontario, will speak on the administrative problems associated with these fields. Lectures on the newer developments in nutrition will be given by Dr. E. W. McHenry, associate professor of physiological hygiene. The mental hygiene of the preschool child will be dealt with by Mrs. G. C. V. Hewson, and that of the adolescent by Prof. J. D. Ketchum, assistant professor of psychology. Dr. C. M. Hincks, director of the National Committee for Mental Hygiene, will speak on child conservation in a war situation. Round tables will afford an opportunity for the discussion of the contribution of public health nursing to the following fields: the child of preschool age; the child in the elementary school; the child in the secondary school. Observation visits to certain activities will be arranged as desired. This refresher course is open to all registered nurses who are interested in child hygiene. No credits will be given for this work nor will any certificate be awarded. Application should be made to the secretary, School of Nursing, University of Toronto. The fee will be $7.00.

Postgraduate Courses Offered by the R.V.H.

The School of Nursing of the Royal Victoria Hospital, Montreal, is now planning to offer four additional postgraduate courses in nursing. These will be arranged in general surgery, general medicine, urology, and in ophthalmology and oto-laryngology.

The courses will be four months in length and will include lectures and classes in anatomy and physiology, bacteriology, materia medica and nutrition as related to the course. Clinical teaching will include general nursing care in the wards, special therapies, medical clinics and medical rounds utilizing the wards, the out-patient and social service departments. It is also intended to include some practice teaching on the wards.

An additional instructor will be added to the teaching staff to direct these courses, which will be open to only a limited number of well qualified registered nurses. A registration fee will be charged. The letters of inquiry which come regarding opportunities indicate clearly the need for the development of more postgraduate courses in Canada. Postgraduate courses are already being given in operating room technique and management, in obstetrics and gynaecology (at the Royal Victoria Montreal Maternity) and in neurology and neuro-surgery at the Montreal Neurological Institute, McGill University.

Book Reviews

Ward Teaching, by Anna M. Taylor, M.A., R.N., Supervisor of clinical instruction and staff nurse instruction, Massachusetts General Hospital. Illustrated. 304 pages, including index. Published by J. B. Lippincott Company; Canadian Office: Medical Arts Bldg., Montreal. Price, $4.25.

In the preface to her book, the author states: "this book is written as a source of reference for the head nurse, supervisor, and ward instructor, who spend many hours daily in improving the nursing care of the individual patient through individual and group ward teaching. This is a tool book which the head nurse should find useful in planning and conducting her ward-teaching program, in planning ward-teaching records, and in instructing students in the care of patients." The contents have been carefully organized into three parts. In the first, called "Fundamentals of the Ward-teaching Program," the essential requirements of this work are discussed fully including the absolute necessity for planning; this would include the total program and that of the head nurses of individual clinical services. A detailed teaching outline for medical wards is given on pages 56-64; and a brief teaching outline for an orthopedic ward on pages 54-56. The second part is headed "Methods and Practices of Ward Teaching." Here valuable suggestions may be gleaned for the carrying out of group and individual conferences, nursing clinics and demonstrations. Considerable thought has been given to the educational value to the nurse of nursing-care plans, nursing-care studies and patient assignment and to the resulting improvement in the nursing care which the individual patient receives. The third part presents supplementary materials in which records are considered briefly and examples are given.

Young clinical instructors will find much to help them in this admirable book. As against its merits one might draw attention to one disappointment, namely the narrow treatment of the difficult subject of questioning. Miss Taylor has given a detailed record of a ward teaching program which has been carried out for several years. There is evidence of marked co-operation between the many members of staff, of adequate time provision for teaching, and of thought in securing a teaching room within the ward and for obtaining teaching materials. Truly she has created a tool book and as such it will be much appreciated by those many nurses responsible for the instruction of student nurses.

M. Jean Wilson,
Clinical Instructor,
School of Nursing,
University of Toronto.

Report of the Committee on Nursing and Nurse Education in Canadian Hospitals, by Kathleen W. Ellis, B.Sc., Reg. N. (Chairman). Bulletin No. 36. Published by the Canadian Hospital Council, 184 College St., Toronto. Price, 25 cents.

This bulletin is a veritable mine of information concerning nursing service and education in Canada and appears at a most opportune moment. The subject matter is arranged under the captions of nursing service; university affiliations and relationships; the school of nursing; the stabilization of nursing service; enrolment of nurses for war and emergency service; special problems. In the foreword, Miss Ellis defines the aim of the report as follows: "This committee wishes to reaffirm the statement, made on so many occasions, that most of the problems facing the profession of nursing cannot be solved by nurses alone. It is true also that many *hospital* problems call for collaboration and co-action." Superintendents of hospitals and directors of nursing services will study this report most carefully and will surely bring it to the attention of the members of boards of directors and medical staffs.

The members of the committee who co-operated with Miss Ellis in preparing this report are: Miss Margaret Fraser, superintendent of nurses, Royal Alexandra Hospital, Edmonton; Miss Lena Mitchell, direc-

REGISTRATION OF NURSES

Province of Ontario

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EXAMINATION ANNOUNCEMENT

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An examination for the Registration of Nurses in the Province of Ontario will be held on May 27th, 28th, and 29th.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

ALEXANDRA M. MUNN, Reg. N.,
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tor of nursing, Royal Jubilee Hospital, Victoria; Dr. H. Coppinger, superintendent, Winnipeg General Hospital; Miss Gertrude Hall, executive secretary, Manitoba Association of Registered Nurses; Rev. Sister M. St. Elizabeth, St. Joseph's Hospital, London, Ont.; Miss Frances Upton, executive secretary and registrar, Association of Registered Nurses of the Province of Quebec; Rev. Sister Mary Peter, St. Joseph's Hospital, Glace Bay, N.S.; Miss Marion Boa, Reg. N.

Teamwork in the A.R.N.P.Q.

It is always gratifying to be able to satisfy an expressed need so, when the English-speaking hospital and school of nursing section of the A.R.N.P.Q. were invited by the English-speaking public health section to demonstrate some new nursing procedures, a cordial assent was given. Under the joint auspices of the two groups an excellent program was recently presented on two successive evenings. A general invitation was issued to all nurses and the attendance was very large. At the first session, held at the Montreal Neurological Institute, Dr. W. H. Bridgers, assisted by Miss B. Cameron, clinically demonstrated tidal or bladder drainage. Dr. Bridgers and Miss Cameron also demonstrated the local use of sulpha drugs, and Dr. Bridgers presented the case of a little patient, fourteen months of age, with a diagnosis of cerebro-spinal meningitis; thanks to the alertness of Miss Mary Jowsey, the Victorian Order nurse who had visited the child in his home, the early symptoms were promptly recognized and after treatment with the sulpha drug, the patient showed immediate and marked improvement.

At the second session, held at the Royal Victoria Hospital, Dr. D. Boyd first spoke on the history of blood transfusion and then demonstrated the newer methods, assisted by Miss Barbara Broadhurst, head nurse in the women's surgical ward of the Montreal General Hospital. The functions and mechanics of the Heidbrink oxygen tent were presented by Miss Elsie Allder, and Miss Winnifred

MacLean demonstrated the use of the carbon dioxide bag and of nasal suction drainage. All these demonstrations were given with marked efficiency and great skill. It is hoped that the full text of some of the lectures will appear in subsequent issues of the *Journal*. The enthusiastic response of the audience gave convincing proof that it had been well worth the effort put forth by the hospital group to meet the needs of those engaged in other fields of nursing.

MARTHA BATSON,
Convener: Hospital and School of Nursing Section, A.R.N.P.Q.

M.L.I.C. Nursing Service

The M.L.I.C. staff of the McGill Nursing Office in Montreal recently gave a delightful dinner in honour of Miss Emma Rocque who has just completed twenty years of faithful service with the Company in the capacity of local supervisor. For the past five years Miss Rocque has also served as local field supervisor in the Province of Quebec. Miss Alice Ahern, M.L.I.C. assistant superintendent of nursing, was present, and read a congratulatory telegram from Dr. Burnette, expressing the Company's hearty appreciation of Miss Rocque's fine record. Miss Rocque has taken postgraduate courses at l'Ecole d'Hygiène Sociale Appliquée, Université de Montréal and, prior to organizing the M.L.I.C. service in the city of Quebec, was a member of the nursing staff of the Victorian Order of Nurses and later did social service work at the Royal Edward Institute. This well deserved tribute has given great pleasure to her many friends.

Miss Willa Ahern (Ottawa General Hospital, 1935, and public health nursing course, McGill School for Graduate Nurses, 1936) recently resigned from the Montreal staff to join the R.C.A.M.C. as nursing sister. Miss Ahern is at present on duty in Military District No. 3, Kingston.

Miss Helene Bernard (Hotel-Dieu Hos-

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AN INSTITUTE FOR SUPERVISORS, HEAD NURSES, AND GENERAL DUTY NURSES

Under the auspices of the Manitoba Association of Registered Nurses, Miss Ida MacDonald, B.A., R.N., of the University of Minnesota, will conduct an Institute for supervisors, head nurses, and general duty nurses, from Monday, April 27 to Thursday, April 30, at the University of Manitoba, Broadway Avenue, Winnipeg.

The teaching schedule covers a period of two days and will be given twice. Two groups of nurses, from each hospital, could, therefore, be released successively in order that all might attend.

All nurses interested in taking advantage of this opportunity are requested to write or telephone to the **Executive Secretary, Manitoba Association of Registered Nurses, 212 Balmoral Street, Winnipeg.**

WANTED

Applications are invited for the position of **Assistant Superintendent** in a 125-bed hospital in interior British Columbia, maintaining an all-graduate nursing staff. A Registered Nurse, having X-ray or operating room experience, is preferred. The salary is $90 a month, with full maintenance. Apply in care of:

Box 14, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

WANTED

A **Superintendent of Nurses** is wanted for a 228-bed, fully standardized general hospital, with training school. The salary commences at $175 per month, with maintenance. Apply to:

H. H. Browne, Superintendent, McKellar General Hospital, Fort William, Ont.

WANTED

A **Registered Record Librarian** is wanted for a 150-bed hospital; a graduate nurse is preferred. Apply, stating qualifications, age, experience, and salary expected, to:

Miss Edna G. McKinnon, Superintendent, Port Arthur General Hospital
Port Arthur, Ont.

pital, Montreal, 1929, and public health nursing course, University of Montreal) has resigned from the Quebec staff to be married.

Miss Louise Simoneau (Notre Dame Hospital, Montreal, 1927) has been transferred from the Montreal staff to the Quebec City staff.

Ontario Public Health Nursing Service

Miss Jean O. Allison (Regina General Hospital and University of Toronto public health nursing course) has been appointed to the staff of the Oshawa Department of Health from which *Miss Isabelle Tyndall* has resigned.

Mrs. D. Shapter, née Armstrong (Victoria Hospital, London, and University of Western Ontario public health nursing course) has resigned as school nurse with the Board of Education at Guelph.

Miss Vera R. Kennedy, B. Sc. (Victoria Hospital, London, University of Western Ontario public health nursing course, and B.Sc. New York University) has been appointed to the school nursing staff in Oxford County.

Miss Mary E. Scott (Hospital for Sick Children, Toronto, and University of Western Ontario public health nursing course) has resigned from the Hespeler Visiting Nurse Association to accept the position of public health nurse at Simcoe.

Miss Elizabeth Earshman (Belleville

General Hospital and public health nursing course, McGill School for Graduate Nurses) formerly public health nurse, Board of Education, Belleville, has been called for military service.

Miss Clara S. Kittmer (Woodstock General Hospital and University of Western Ontario public health nursing course) has resigned from the Board of Health Service at Owen Sound, and has accepted a position in industry at Pickering.

Miss Ruby Cronk (Toronto General Hospital and University of Toronto public health nursing course, combined) has been appointed public health nurse at Renfrew.

Miss Jessie F. Smith (Toronto General Hospital and University of British Columbia public health nursing course) who has been public health nurse at Cochrane for two years, has resigned.

Miss Margrethe J. Crowe (Toronto General Hospital and University of Toronto public health nursing course) has resigned from the Department of Health staff at Woodstock.

Victorian Order of Nurses

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Mrs. Robert Thorpe (Anne McKenzie), a graduate of the Victoria General Hospital, Halifax, and of the course in public health nursing, McGill School for Graduate Nurses, who resigned from the Order in 1940 to be married, has been reappointed to the Halifax Branch.

Mrs. W. H. H. Moffat (Nan McMann) has been appointed to the Montreal Branch as an assistant supervisor. A graduate of the Springfield Hospital, Springfield, Mass., and of the course in public health nursing, Dalhousie University, Mrs. Moffat was at one time a National Office Supervisor in Western Canada.

Miss Jean Shirley, a graduate of the Victoria Hospital, London, and of the University of Western Ontario with the degree

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For information apply to:

School for Graduate Nurses
McGill University, Montreal.

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SCHOOL OF NURSING
MONTREAL

Courses for Graduate Nurses

(1) A three-months course is offered in Obstetrical Nursing. (2) A two-months course is offered in Gynecological Nursing. For further information apply to Miss Caroline Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital.

(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to **Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.**

of Bachelor of Science, has been appointed to the London Branch.

Miss Elizabeth J. MacDonald, a graduate of the General Hospital, Saint John, N. B., and of the course in public health nursing, McGill School for Graduate Nurses, has been appointed to the Newcastle Branch. Miss MacDonald was formerly in charge of the International Grenfell Hospital at Cartwright, Labrador.

Miss Martha Earle has been transferred from the Newcastle Branch to be nurse-in-charge of the newly organized branch in Gananoque.

Miss Grace Versey, formerly nurse-in-charge of the Oshawa Branch, has been transferred to be nurse-in-charge of the East York Branch.

Miss Edith G. Hill, formerly nurse-in-charge of the Galt Branch, has been transferred to be nurse-in-charge of the Oshawa Branch.

Miss Ruth Taylor has been transferred from the Hamilton Branch to the Calgary Branch.

Miss Vivian Smith has resigned from the Toronto Branch and *Miss Nettie Garfield* has resigned from the Calgary Branch to join the R.C.A.M.C. Nursing Service.

Miss L. McAllister has resigned from the Westbank Branch, British Columbia, and *Miss Margaret Carrothers* has resigned from the London Branch to be married.

Miss Doris Jackson, from the East York Branch, is on leave of absence from the Victorian Order of Nurses.

The A.R.N.P.Q. Meets in the City of Quebec

One could not imagine a more beautiful setting for a happy gathering of busy and anxious nurses in these troublesome times, than the lovely old City of Quebec, and the members of the A.R.N.P.Q. were recently afforded such an opportunity because of the friendly request received from a group of our French-speaking members in that city.

In the afternoon, an open meeting of the Board was called to order by the president, Miss Eileen C. Flanagan, to which were welcomed the directors of nursing in hospitals and public health services, instructors and supervisors in both groups, presidents of alumnae associations and others whose interest in the welfare of nursing and nurses is always assured. Greetings were extended in both languages by Mlle Maria Beaumier, a member of the Advisory Board of our Association. The officers were introduced to the audience by the president and by the French vice-president, the Révérende Soeur Valérie de la Sagesse.

The meeting was informal and friendly. Discussion was encouraging and proved that our nurses are eager to know more about the value and accomplishments of organized effort to which greater personal contribution could and would be made if and when the individual nurse is accorded sufficient opportunity. The members learned that reciprocity has been established between our organization and the General Nursing Council for England and Wales, a fact we have hoped for many a long day. We also heard a good deal about the plans for the General Meeting of the Canadian Nurses Association to be held in Montreal in June, and that the date for our own twenty-second annual meeting has been set for May 15th, one day only, in order to conserve time and energy for our preparations as hostesses to the C.N.A.

After the meeting adjourned, we were delightfully entertained at high tea at the Jeffery Hale's Hospital, as guests of the J.H.H. Alumnae Association. The president, Mrs. A. W. G. Macalister, received, assisted by Miss Mae Lunam, acting director of nursing. We were escorted to the evening session at Hôpital de l'Enfant-Jésus in buses provided by our hostesses.

The evening session was called to order by the French vice-president, Rév. Soeur

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Valérie de la Sagesse. Among those seated on the platform were Msgr. Gagnon, Vice-Rector of Laval University, Miss Flanagan, president of our Association, and Rév. Soeur Gérard Majella, Superior, Hôpital de l'Enfant-Jésus. Miss Marion Nash introduced Miss Johns, who spoke in French, and dealt with the national and the international relationships of our Association. Mlle Alice Albert presented a colourful picture of the purpose of our bi-lingual organization, indicating in no uncertain terms that only in the spirit of real unity of purpose can we overcome obstacles and achieve our aims. Mlle Suzanne Giroux followed by giving, in her own inimitable way, a review of our problems and plans to overcome them. Miss Kathleen Ellis, the Emergency Nursing Adviser recently appointed by the Canadian Nurses Association, briefly described her mission and expressed appreciation of her reception throughout our province which she has been visiting for some time. Discussion was led by Miss Fanny Munroe, director of nursing, Royal Victoria Hospital, and Honourary Treasurer of our Board; and by Mlle Maria Roy, director of nursing of the Montreal Department of Health and a member of our Board. Contributing to the lively discussion were Miss Vera Graham, director of nursing, Homoeopathic Hospital, Montreal; Miss Marion Nash, educational director, Greater Montreal District, Victorian Order of Nurses; the Misses Grace McMaster and Flora Morony of the Jeffery Hale's Hospital staff and Mlle Julianne Labelle. Mlle Maria Beaumier and Mlle Marguerite Taschereau graciously expressed appreciation to the speakers. The Rév. Soeur Valérie offered our thanks to our hostess, the Rev. Sister Superior of Hôpital de l'Enfant-Jésus. Msgr. Gagnon closed our meeting with a few well chosen words, expressing in both languages belief in the value of our contribution to society.

On the following day we were guests at a delightful reception, given at Spencerwood, in our honour by Lady Fiset, wife of the Lieutenant Governor of the Province of Quebec. And so another happy experience ended, and we came away refreshed in body and spirit. It was with great reluctance that we bade *au revoir* to old Quebec, where dazzling white snow was piled high above the fences and brilliant sunshine lighted up the ancient citadel and cast a warm glow throughout the lengthening days.

E. Frances Upton, R. N.,
Executive Secretary and Registrar, A.R.N.P.Q.

NEWS NOTES

ALBERTA

CALGARY:

Calgary General Hospital:

At a recent meeting members of the Calgary General Hospital Alumnae Association heard an interesting address on air raid precaution measures by Mrs. D. E. Corkill. During the first week of February the Alumnae Association provided entertainment for men of the forces at the Red Triangle Hostess Club of the Y.M.C.A. A Sunday afternoon tea, an informal tea dance, and a Saturday night dance comprised a satisfactory program.

BRITISH COLUMBIA

VANCOUVER:

A meeting of the Registered Nurses Association of British Columbia was held recently at St. Paul's Hospital to consider the revision of the Registered Nurses Act. The proposed revision was approved by the meeting for presentation to the Legislature. Dr. George Davidson, Provincial Department of Welfare, who gave valuable assistance in the preparation of the final revision, was present and was able to clarify many points that were discussed.

MANITOBA

WINNIPEG:

Winnipeg General Hospital:

Miss Elizabeth Crichton (1937), Miss Eva Toews (1940), and Miss Elizabeth Hodge (1941) are serving as nursing sisters with No. 3 Casualty Clearing Station, R.C.A.M.C. Miss Bonnie Dundee (1940) has enlisted with the Royal Canadian Naval Nursing Service. Mrs. Edith Maloney (Edith Cooke, 1925) has left Winnipeg to accept a hospital position in Hollywood, California. Miss Allison Roberts (1941) has left for San Antonio Mines to take charge of the hospital there. Miss Eileen Robinson (1938) has accepted a position in the office of Dr. Elinore Black.

Married: Recently, Miss Agnes Felske (1941) to Dr. J. Isaac.

NOVA SCOTIA

KENTVILLE:

A recent meeting of the Valley Branch, R.N.A.N.S., was recently held, and took the form of a business session. A delicious lunch was served later by the nursing staff of the Blanchard-Fraser Hospital.

Miss Cynthia Horsnell and Miss Jessie Smith, formerly on the staff of the Blanchard-Fraser Hospital, are taking post-graduate courses at the Ladies College, Toronto.

ONTARIO

DISTRICT 1

WINDSOR:

The annual meeting of the Alumnae Association of the School of Nursing of the Hotel-Dieu de St. Joseph took place recently with a large attendance. The guest speaker was the Honorable Dr. Raymond Morand who strongly impressed upon those present the necessity of personal sacrifice, the value of preparedness in a state of emergency, and the extra calls upon nurses both now, while the country is at war, and after the war is over. The president, Miss Ellen Cox, appealed to the nurses who had not already joined the Registered Nurses Association of Ontario to do so before the annual convention which will be held in Windsor this spring. Miss Margaret Lawson, secretary-treasurer, read the annual report, showing a balance of $211.13, after a very

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busy and successful year. Special guests at the dinner were Miss Marjorie McCutcheon, representing the Victorian Order of Nurses, and Miss Mabel Hoy, the public health nurses.

The executive for the coming year are as follows: Honourary past president, Sister Marie de la Ferre; honourary president, Rev. Mother Claire Maitre; president, Miss Ellen Cox; first vice-president, Miss Julia Byrne; second vice-president, Miss Joan Duck; secretary, Miss Meta Beaton; treasurer, Miss Margaret Lawson; corresponding secretary, Sister Marie Roy; committee for visiting sick members: Misses Mary May and Blanche Beuglet. Meetings are held every second Monday of the month.

CHATHAM:

St. Joseph's Hospital:

The beautiful new four-storey red brick nurses residence, built adjacent to the original residence, has been completed and is much appreciated by the student nurses. It affords accommodation for 70 students, with spacious reception, library, and recreation rooms. Every nurse has her individual wardrobe, chest of drawers, and desk, and the furnishing of each floor is carried out in a particular colour scheme. The residence is the fulfilment of a long felt need and the Sisters are to be complimented on their achievement.

Sister Valeria, assistant instructress of nurses, attended the refresher course recently held at the University of Western Ontario. The annual "Snow Ball", sponsored by the Alumnæ Association, realized a worthwhile sum, and a substantial cheque was sent to the R.N.A.O for the British Nurses Relief Fund. At the weekly meetings of the Alumnae Association considerable work has been accomplished in aid of the Chatham Branch of the Red Cross.

The following marriages have recently taken place: Ida Poissant (1931) to Wilfred Mulhern; Margaret Miller (1939) to James Fox; Doris Stacey (1941) to Truman Hunter; Donna MacDonald (1941) to Pvt. William Davis.

DISTRICTS 2 AND 3

GUELPH:

The regular mid-winter meeting of Districts 2 and 3, R.N.A.O., was held recently in Guelph, with 80 members present. The program consisted of a business meeting, a talk by Miss Fidler on staff education, vocal solos by Miss Baillie, student nurse of Guelph General Hospital, and a very interesting talk from Dr. Little on medical and nursing service in Japan. A quiz program

proved amusing, informative, and relaxing. At the close of the meeting the members were guests of the Alumnae Association of Guelph General Hospital at supper.

Miss Sylvia Hallman is at present on the staff at Freeport Sanatorium, and her many friends are glad to see her back in Districts 2 and 3. She made a definite educational contribution when she organized the circulating library which gives service to many nurses who desire wider knowledge of professional and non-professional subjects. Nurses are requested to collect books, either as a loan or donated, for the library. At present, Miss Watson, of Guelph General Hospital, is in charge.

The following nurses, included in the second group of Canadian nurses chosen for military nursing service in South Africa, have arrived safely at their disembarking station:

Miss Evelyn Hopkinson (Galt General Hospital), formerly supervisor of obstetrics, Galt General Hospital; Miss Hazel Blagden (Galt General Hospital), formerly engaged in private duty, and for the last two years in industrial nursing; Miss Hilda Teather (Galt General Hospital), who was night supervisor of Galt General Hospital for four years, and formerly a member of the staff of Freeport Sanatorium.

BRANTFORD:

Brantford General Hospital:

At a recent meeting of the Alumnae Association of the Brantford General Hospital, the members voted for the purchase of a $100 Victory Bond. The Alumnae Association sponsored a Rex Battle concert during the month of March. The free hospitalization scheme has been under discussion in Brantford.

The following marriages have recently taken place: Miss M. Robertson (1932) to Mr. Lorne Sturgeon; Miss M. Eddy (1940) to A/C Arthur Axford; Miss T. Heard (1938) to Mr. Richard Lazorka; Miss D. Montgomery (1939) to Flight-Officer Robert King.

STRATFORD:

A regular meeting of the Alumnae Association of Stratford General Hospital was held recently, with the president, Miss A. Ballantyne, in the chair. Mr. E. H. Moynard, of Acton, consultant for the Baxter Laboratories, gave an interesting address on intravenous fluids with blood and plasma. He showed slides of equipment and "set up" for an intravenous.

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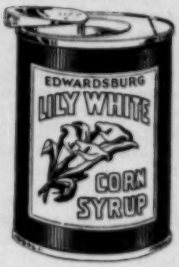

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District 4

HAMILTON:

Hamilton General Hospital:

Miss Muriel Grapes is nursing at the Presbyterian Medical Centre, New York City. Misses Elsie Lemp, Stella Cosford, Evelyn Atkin, and Audrey Challon are on duty at Ann Arbour. Misses Eleanor Philip, Beatrice Culbert, Fern Maltby, Madeline Jeffrey, and Jessie Milton have been appointed to the staff of the H.G.H. Miss Margaret Gartrell has been appointed to the staff of the Mount Hamilton Hospital.

Married: Recently, Miss Margaret Haslam to Mr. Douglas Gates.

District 5

Toronto Department of Health, Division of Public Health Nursing:

The Public Health Nurses Association recently held a banquet at which His Worship the Mayor, member of the Board of Health and the Board of Control were guests of honour. The president, Miss Clara Vale, introduced Miss Elsie Hickey, Director of Public Health Nurses, who traced the history of the nursing department from the engagement of the first public health nurse in 1907. Lantern slides depicting the work of the public health nurses in schools, infant and pre-natal clinics, mental hygiene clinics, tuberculosis and dental clinics were shown. Mayor Conboy told the nurses that "lack of knowledge, carelessness, and lack of opportunity are the three big enemies of public health".

In addition to the activities within the Association, many of the nurses are engaged in extensive A.R.P. work. Miss Elsie Hickey has been appointed Chief Nurse Warden with Miss Zada Keefer, Deputy Nurse Warden. Assisting these two executives are eight public health supervisors. Miss Louise Tucker, former president of the Public Health Nurses Association, now represents the Association at the Women's Wartime Civic Association.

Hospital for Sick Children:

The annual meeting of the Hospital for Sick Children Alumnae Association was held recently, when the minutes of the last meeting were read and approved. A tribute

was paid to the late Mrs. Goodson, our second past superintendent to have passed away in recent months. A minute of silence was observed. Very gratifying reports were presented by conveners of committees. A vote of thanks was tendered to the retiring president who replied in a few well chosen words. The following officers were elected for the ensuing year: president, Mrs. McKenzie; first vice-president, Mrs. Wm. Keith; second vice-president, Miss M. McInnis; recording secretary, Miss Helen Booth; corresponding secretary, Mrs. Ritchie; treasurer, Miss F. Watson. The new president then took the chair, and the members of the new executive were introduced.

District 6

Cobourg:

The regular meeting of Chapter B, District 6, R.N.A.O., was held recently at the Cobourg General Hospital with a good attendance. Dr. F. N. Blackwell, the guest speaker, gave an interesting talk on anaesthesia, and was thanked by Miss M. Polson. Miss J. Graham and the staff entertained at a social hour which followed. At a recent meeting, held at the Ontario Hospital, Dr. A. R. Richards was the guest speaker. He spoke on blood plasma which was most instructive, followed by a demonstration. Mrs. H. Beatty thanked the speaker. A social hour followed.

The registered nurses of Cobourg recently held a dance and bridge and donated the proceeds to the British Nurses Relief Fund.

Miss Gertrude Wishart, of the staff of the Cobourg General Hospital, and Miss Hilda Toner, of the Ontario Hospital staff, have reported for duty at Kingston with the R.C.A.M.C.

Lindsay:

Ross Memorial Hospital:

The annual dance of the Alumnae Association of Ross Memorial Hospital was held recently and was well attended. The proceeds will be used for war work. Mrs. Grant Terill was hostess at a bridge and the proceeds, which amounted to $10, were given to the Red Cross.

Miss Gladys Lehigh (1937) has accepted a position as assistant superintendent at Ross Memorial Hospital. Miss Effie McIntyre (1934) is on the staff of the Red

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Each drop supplies 500 Vitamin D Units and 1000 Vitamin A Units. The dose is two drops daily, from precision dropper. If prescribed in the larger size, the cost is but one cent per day.

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Montreal.

Cross Hospital, Kirkland Lake. Miss Pauline Kirley (1932) is now doing private duty in Toronto. Miss Dorcas Herron (1938) is at the Metropolitan, Windsor. Miss Nellie Highdon (1939) is on the industrial nursing staff at John Inglis Ltd., Toronto. Miss Charlotte Penman (1938), who attended the school of nursing last year, is now instructress at Yorkton, Sask. Miss Mildred Wilson (1930) is with the R.C.A.M.C. and is stationed at Camp Borden.

The following marriages have recently taken place: Mary Brackenridge (1937) to Russel Duae; Marion Handley (1936) to Jerry Austin; Evelyn Barry (1933) to George Edwards; Alma Irvine (1933) to Horace McDowell.

District 10

Fort William:

Plans for forming a Central Registry for nurses in Fort William and Port Arthur are underway. Miss Madalene Baker, of London, chairman of the general nursing section of the Canadian Nurses Association, spent several days in the two cities, and many interested citizens, besides those in the nursing profession, attended the meetings at which she explained the benefits of a registry. Along with a registry it is also hoped that an eight-hour day may be established.

Nursing Sister Evelyn McTavish has left the Port Arthur Military Hospital to take charge of the nurses of Casualty Clearing Station No. 3, Winnipeg. Nursing Sister Ally Malmborg, formerly on the staff of McKellar General Hospital, has joined the staff of the Port Arthur Military Hospital.

The following marriages have recently taken place: Constance Waywhite (McKellar General Hospital) to Arvo Oja; Eleanor McGregor (Port Arthur General Hospital) to A. Moulson.

QUEBEC

Montreal:

Montreal General Hospital:

Miss Dorothy Ascah (1939) is doing industrial nursing in a large manufacturing plant in St. Paul l'Hermite. Miss Elizabeth Robertson (1923) has accepted a position as

industrial nurse with the Canadian National Railways. Misses Nora Stanton, Jean Parsons, Bernice Legere, Elsie Schroeder, and Shirley Laughlin (all of the Class of 1942) are doing general duty at the Western Division. Miss K. Miller (1942) has been appointed to the staff of the Central Division.

Here is a brief account of the activities of the various groups among the graduates: The 'wool group', headed by Miss D. Hadrill, has raised $389 in the past year for the purchase of wool which has been knitted into garments by the group, and presented to the Overseas Parcels League for the minesweepers auxiliary. Through the personal efforts of Miss Edith Conrad (1918) who is doing private duty in New York, a mobile canteen was purchased and presented to the Mayor of the Borough of Chelsea, England. The canteen was dedicated to Princess Elizabeth and Princess Margaret Rose, and Miss Conrad expects to raise $1000 yearly for maintaining it.

The following marriages have recently taken place: Victoria Mayville (1941) to Lieut. J. E. Murphy, R.C.A., A.F.; Irene McDonald (1940) to L/A Harold A. MacDonald, R.C.A.F.

A group of Montreal General Hospital graduate nurses, under the convenership of Mrs. F. W. Lamb, recently held a very successful "bread and butter" tea. Miss B. A. Burch, acting-superintendent of the Western Division of the Montreal General Hospital, kindly offered the use of the Nurses Home for the occasion. Valentine decorations were used in the different rooms, and the tea-cup readers and fortune-tellers were very popular with the guests. There was, also, a sale of home-made articles and the sum of $236 was realized. This will be added to the amount already on hand, and will be sent to England to help buy aircraft.

The "Spitfire Committee" was formed in October 1940, and since that time has raised $5448. Four thousand dollars has been forwarded to England. This amount was raised in various ways—from rummage sales a series of home-bridges, drawings, teas. A drawing for a $50 bond and an electric Mix Master, promoted under the convenership of Mrs. L. S. Burton, netted the amount of $1,177. The "V" Coin bag campaign brought in $236. These were made of red material mounted with a white "V", dots and dashes, and were sent to the graduates of the Hospital with the accompanying slogan: "Save and give your dimes, dimes make dollars, dollars will buy a 'Spitfire' for Victory."

The personnel of the committee is as

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follows: Miss Dorothy Hadrill, honourary convener; Mrs. F. W. Lamb, Miss Adele Whitney, joint conveners; Mrs. H. T. Mitchell, treasurer; Mrs. M. M. Ross; Mrs. C. A. Marlott; Mrs. Donald Stewart; Miss Freda Whitney; Mrs. J. Redmond; Mrs. R. MacLean.

It is the earnest hope of the Committee that this endeavour may be extended to Alumnae of every nursing school from coast to coast. If each of the alumnae associations would form a committee to work in its individual town or city, under a central executive council, more than one 'Spitfire' could be donated to the war effort by the Graduate Nurses of Canada.

Royal Victoria Hospital:

Miss Wilhelmina Brugman (1938) is now on the staff of the Winnipeg General Hospital. Miss Mary Younge (1938) is public health nurse in St. Mary's, Ontario. Miss Rae Fellowes (1928) has resigned from the staff of the R.V.H. and has been appointed Nursing Sister at the Naval Hospital, Halifax. Miss Dorothea Cross has resigned from the staff of the R.V.H. and has been succeeded by Miss Hope Ross (1941). Miss Gladys Cowie and Miss Ruth Pyper have resigned from the staff of the Women's Pavilion.

Recent visitors at the School of Nursing included Matron N. Enright, of the R.C.A.F. Nursing Service, and Nursing Sisters Margaret Smith, Jean Rayworth, Billie Bell, and Jean Blenkhorn.

The following marriages have recently taken place: Nursing Sister Etta Jones, of No. 1 Neurological Hospital, R.C.A.M.C. to Lieut. Col. C. A. MacIntosh, of No. 14 Canadian General Hospital, R.C.A.M.C.; Pauline Mitchell (1942) to George Hugh Miller; Katherine Fraser (1942) to Dr. Lea Steeves.

McGill School for Graduate Nurses:

At a recent meeting of the Alumnae Association of the McGill School for Graduate Nurses, Professor C. S. Le Mesurier, Dean of the Faculty of Law, McGill University, gave an interesting and enlightening address on some aspects of the psychiatric treatment of criminals. The facts, revealed by Dean Le Mesurier, impressed us with the great need for reform in the present system of criminal care. We were honoured by the presence of Mrs. Reford, an honourary

member of the Alumnae Association. The Class of 1941-42 were hostesses at a social hour which followed.

QUEBEC CITY:

Jeffery Hale's Hospital:

At a recent meeting of the Alumnae Association of Jeffery Hale's Hospital, the members were addressed by Mrs. Vanier, recently returned from England, on present conditions in England. The Alumnae Association, the staff, and student nurses were shown recently an interesting series of motion pictures on obstetrics, tuberculosis surgery, and anemia, by a representative of the Lilli Co. A tea was given recently for the visiting nurses, who attended the A.R.N.P.Q. meeting, to enable them to meet local nurses and many graduates of the schools who are residing in Quebec.

Four of our nurses have arrived in South Africa — one in Pretoria, and three in Durban. Miss Pat Rand (1936), formerly of the Trans-Canada Air Lines, has joined the Royal Canadian Naval Nursing Service, and is stationed at Halifax. Miss Agnes MacDonald (1942), who has completed a postgraduate course in the operating room of the Western Division, Montreal General Hospital, has taken charge of the operating room in J.H.H.

To date, we have forwarded $275 to the British Nurses Relief Fund.

NEWFOUNDLAND

ST. JOHN'S:

At a recent regular meeting of the Newfoundland Graduate Nurses Association an interesting and informative address was given by Dr. Cluny Macpherson, C.M.G., on the work of the Red Cross and Order of St. John in Newfoundland.

Adjutant Clara Vey, of Saint John, N.B., has been appointed instructress of nurses at Grace Hospital, St. John's. Adjutant Vey is a graduate of the School of Nursing, Grace Hospital, Windsor, Ontario, and has taken a postgraduate course in teaching and supervision at the School of Nursing, University of Toronto. Miss Gwen Abbott, of Grace Hospital, St. John's, has accepted the position as matron of the new military hospital at Argentia.

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Everybody told us we ought to go and see it . . . so we felt an anticipatory thrill as we bought our ticket for "How Green Was My Valley" . . . It was in that valley that we grew up and went to school . . . and we remember every bend of the river . . . and every winding path in the wet woods where we used to look for celandines and daffodils in the spring . . . Having neatly dodged the hateful comic strip . . . we took our seat just as a glorious Welsh choir broke into the opening chorus . . . But in a little while we began to feel uneasy . . . the valley on the screen was beautiful enough . . . but it was not our valley . . . High hills stood round about it . . . but they were not the hills of Wales . . . and the people were no more Welsh than the hills . . . We don't believe the producer had ever been inside a Welsh Chapel . . . or talked with a Welsh Nonconformist . . . or he would not have forgotten the bleak Calvinistic predestination . . . that chills the soul like the touch of an icy hand . . .The actor who played the part of the preacher had certainly never heard the "hwll" . . . that strange chanting cadence peculiar to Welsh oratory . . . and though Sara Allgood is a joy when she is with her own Abbey Players . . . her Irish brogue could never pass for the soft Welsh accent . . . As for the blond girls . . . with their empty pretty faces and shaved eyebrows . . . what were they doing in a valley where even today you may find traces of the dark Phoenician strain that persists through the centuries . . . Yet in spite of all, it was a good picture . . . tragic and passionate . . . a hundred times better than the usual run of the Hollywood mill . . . The anger and despair of the striking miners rang true . . . and the agony of the women, waiting at the pit-head for the cage to come up from the flooded mine, caught at the heart . . . The music, at least, was authentic and if we shut our eyes and did not look at the screen . . . we could see the men coming home from the mine . . . in the cool evening . . . after the day's work was done . . . What was it that we missed? . . . It must have been the sunlight and shadow of our Welsh valley . . . the misty purple heather on the hills . . . the clear swift water in the streams . . . In spite of the expert lighting . . . the harsh California sunshine seemed to wither everything it touched . . . Perhaps Mr. Darryl Zanuck has tried to do the impossible . . . it may be that the charm of a countryside is like a wild flower that dies if one tries to transplant it . . . One thing is certain . . . the soul of any people is a subtle and elusive essence . . . Only those who once lived there can ever know how green was my valley . . .

—E. J.

Official Directory

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COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals indicate office held: *(1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.*

Alberta: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University of Alberta Hospital, Edmonton; (3) Miss Audrey Dick, York Hotel, Calgary; (4) Miss Leona Hennig, 305 Bank of Toronto Bldg., Edmonton.

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Manitoba: (1) Miss A. McKee, V.O.N., Medical Arts Bldg., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, St. Boniface Hospital, St. Boniface.

New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; **(2) Miss Marian Myers,** Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

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Quebec: (1) Miss E. Flanagan, 3801 University Street, Montreal; (2) Miss M. Batson, Montreal General Hospital; (3) Miss A. Martineau, Dept. of Health, City of Montreal; (4) Miss A. M. Robert, 5484-A St. Denis St., Montreal.

Saskatchewan: (1) Miss Matilda Diederichs, Regina Grey Nuns Hospital; (2) Miss A. F. Lawrie, Regina General Hospital; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss R. Wozny, 2216 Smith St., Regina.

Chairmen, National Sections: Hospital and School of Nursing: Miss B. Anderson, Ottawa Civic Hospital. Public Health: Miss M. Kerr, Eburne, B.C. General Nursing: Miss M. Baker, 249 Victoria St., London. Convener, Committee on Nursing Education: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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Medicine Hat District, No. 4, Alberta Association of Registered Nurses

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BRITISH COLUMBIA

Registered Nurses Association of British Columbia

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MANITOBA

Manitoba Association of Registered Nurses

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NEW BRUNSWICK

New Brunswick Association of Registered Nurses

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Registered Nurses Association of Nova Scotia

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Prince Edward Island Registered Nurses Association

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QUEBEC

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Saskatchewan Registered Nurses Association (Incorporated 1917)

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A.A., Vancouver General Hospital, Vancouver

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

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A.A., Children's Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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A.A., Glace Bay General Hospital, Glace Bay

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A.A., Halifax Infirmary, Halifax

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ONTARIO

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